

RCRA PART B PERMIT
FOR THE
IDAHO NATIONAL
ENGINEERING AND ENVIRONMENTAL LABORATORY

Volume 18 – Idaho Nuclear Technology and Engineering Center

ATTACHMENT 4

Debris Treatment Processes
Holdup and Collection Tanks
CPP-659/-1659 Storage
CPP-666 FDP Cell Container Storage Area
Radioactive Mixed Waste Staging Facility (CPP-1617)
Hazardous Chemical and Radioactive Waste Storage Facility (CPP-1619)

Section F-2

Inspection Schedule

Modified Date: November 18, 2003

CONTENTS

F-2. Inspection Schedule	1
F-2a. General Inspection Requirements	1
F-2a(1) Types of Problems	3
F-2a(2) Frequency of Inspection.....	3
F-2b. Specific Process Inspection Requirements	4
F-2b(1) Container Inspection.....	4
F-2b(2) Tank System Inspection.....	4
F-2b(2)(a) Certification for Tank Repairs	4
F-2b(2)(b) Tank System External Corrosion and Releases	4
F-2b(2)(c) Tank System Construction Materials and Surrounding Area.....	5
F-2b(2)(d) Tank System Overfilling Control Equipment	5
F-2b(2)(e) Tank System Monitoring and Leak Detection Equipment.....	6
F-2b(2)(f) Tank System Cathodic Protection.....	7
F-2b(2)(g) Tank Condition Assessment	7
F-2b(3) Waste Pile Inspection	7
F-2b(3)(a) Run-on and Run-off Control System	7
F-2b(3)(b) Wind Dispersal System.....	7
F-2b(3)(c) Leachate Collection and Removal Systems	8
F-2b(8) Miscellaneous Unit Inspections	8

APPENDICES

- Appendix F-1. Inspection Schedule and Forms for CPP-659/-1659 Storage
- Appendix F-2. Inspection Schedule and Forms for FDP Cell Container Storage
- Appendix F-3. Inspection Schedule and Forms for Debris Treatment Processes
- Appendix F-4. Inspection/Monitoring Schedule and Forms for VES-NCD-123 and VES-NCD-129
- Appendix F-5. Inspection Schedule and Forms for RMWSF and HCRWSF Container Storage

1 **F-2. Inspection Schedule**

2

3 **F-2a. General Inspection Requirements [IDAPA 58.01.05.012 and 58.01.05.008;**
4 **40 CFR 270.14(b)(5), 264.15(a) and (b), 264.33, 264.174, 264.195, and 264.254]**

5

6 The schedules for inspecting equipment vital in preventing, detecting, and responding to
7 environmental or human health hazards are summarized in Appendices F-1, F-2, F-3, F-4, and F-5. .
8 Results of inspections are recorded on forms or operating logs. Examples of inspection forms are also
9 included in these appendices.

10

11 Copies of inspection records for NWCF units are placed in the appropriate RCRA inspection logs
12 located in the NWCF shift office. The originals are then sent to a designated approved records storage
13 area and are retained for the life of the regulated unit. These records include the time and date of the
14 inspection, the printed name and signature of the inspector, a notation of observations made, and the date
15 and nature of any repairs or other remedial actions. The inspection forms show the inspections,
16 frequencies, and responsibilities. Examples of these forms are provided in Appendices F-1, F-3, and F-4.
17 Other, similar forms containing the same substantive information may be used to document these
18 inspections.

19

20 Copies of the FDP inspection records are placed in the appropriate RCRA inspection log and are
21 maintained in the main control room at the FAST Facility. Inspection records are retained at the facility
22 for the life of the regulated unit. Examples of the FDP inspection forms are provided in Appendix F-2.
23 Other, similar forms containing the same substantive information may be used to document these
24 inspections.

25

26 Copies of inspection records for the RMWSF and HCRWSF are placed in the appropriate RCRA
27 inspection logs located at the RMWSF and HCRWSF. The originals are then sent to a designated
28 approved records storage area and are retained for the life of the regulated unit. The inspection forms
29 show the purpose of inspections, frequencies, and responsibilities. Examples of these forms are provided
30 in Appendix F-5. Other, similar forms containing the same substantive information may be used to
31 document these inspections.

1 **Debris Treatment Processes**
2

3 The HFLS is equipped with local instrumentation to maintain proper operation and to detect
4 system upsets or operator error. Trained personnel monitor the system instrumentation and alarms daily
5 while the system is in operation for process changes and to verify that no errors have been made.
6 Personnel are required to verify instrument readings are within the normal range. Inspections of the tanks
7 are conducted daily when the HFLS is in use.

8

9 For the other debris treatment processes addressed in this permit, trained personnel inspect and/or
10 monitor the equipment and processing locations as summarized in Appendix F-3. Note that the inspection
11 requirements vary among these processes according to the unit classification (tank treatment, container
12 treatment, or miscellaneous unit).

13

14 Sealed pipe penetrations from the utility tunnel into the utility corridor along the south side of
15 Building CPP-659 are inspected annually for signs of deterioration including but not limited to, gaps,
16 cracks, peeling, and/or spalling of the sealant that could lead to seepage of water into the building. In
17 addition, any evidence of seepage from the utility tunnel into CPP-659, such as wall staining, or
18 observation of active seepage into the corridor will trigger an inspection of the pipe penetrations and
19 resealing, as appropriate. Documentation of this inspection will be maintained in the operating record.

20

21 **VES-NCD-123 and VES-NCD-129 Tanks**
22

23 Before debris treatment that will involve the draining of liquid residuals to the holdup tank
24 (VES-NCD-123) or the collection tank (VES-NCD-129), the level instrument for the chosen tank is
25 checked to ensure adequate capacity is available. The level instruments are also checked on a daily basis.
26 The primary means of inspecting these tanks for leaks, spills, or deterioration is a liquid-level sensor,
27 LE-219, located in a pipe that drains the trenches in these cells. If LE-219 is actuated, an alarm (L-NC-
28 219C) will be set off in the NWCF control room. For details on this leak detection system, see
29 Attachment 1, Section D-2f(1)(b) of this permit.

30

31 **CPP-659/-1659 Storage**
32

33 The CPP-659/-1659 hazardous and/or mixed waste and debris storage areas are inspected weekly
34 to ensure the integrity of the containers stored, and to ensure no liquids have contacted the waste piles.

1 **FDP Cell Container Storage Area**

2

3 The containers in the FDP cell container storage area are visually inspected on a weekly basis.

4 These inspections are intended to detect deterioration or conditions that threaten human health or the

5 environment. The inspection records include conditions noted within the FDP cell and general building,

6 including inspections of fire protection and emergency equipment within occupied areas of the building.

7

8 **RMWSF and HCRWSF Container Storage Area**

9

10 The RMWSF and HCRWSF container storage areas are inspected weekly to ensure that the

11 containers are in good condition and that no conditions exist that could threaten human health or the

12 environment. The inspection records list completed inspections and any remedial action status.

13

14 **F-2a(1) Types of Problems [IDAPA 58.01.05.008; 40 CFR 264.15(b)(3)]**

15

16 The inspection schedules in Appendices F-1, F-2, F-3, F-4, and F-5 list types of problems looked

17 for during inspections.

18

19 **F-2a(2) Frequency of Inspection [IDAPA 58.01.05.008; 40 CFR 264.15(b)(4)]**

20

21 The frequency of inspections or observations, and the inspecting organization are listed in the

22 schedules in Appendices F-1, F-2, F-3, F-4, and F-5.

23

24 If a problem is found during an inspection surveillance or performance of a preventive

25 maintenance inspection or action in progress, it is reviewed and confirmed by the applicable supervision

26 or systems engineer. If the deficiency warrants immediate attention, shift supervision will be informed,

27 and if necessary, the affected process will be immediately shut down. All items observed during an

28 inspection that require repair, replacement, corrective action, or other attention are documented on the

29 associated record sheet and tracked until final resolution. If the responsible supervision determines the

30 need, an engineering evaluation will be conducted to determine whether operations can proceed, repair

31 must be made, or materials must be replaced. Engineers and facility personnel work together to decide

32 whether or not a remedial action is required and to plan the required action. Remedial actions are

33 documented.

1 **F-2b. Specific Process Inspection Requirements**

2

3 **F-2b(1) Container Inspection [IDAPA 58.01.05.008; 40 CFR 264.174]**

4

5 Facility personnel visually inspect the waste containers and the container storage areas addressed
6 in this permit on a weekly basis, when waste is present. One or more of the following inspection methods
7 will be used: (a) direct visual, (b) looking through shielded windows, or (c) remotely operated cameras.
8 Use of methods (b) and (c) is necessary in some areas to maintain radiation exposure levels as low as
9 reasonably achievable (ALARA). Where these methods are used, complete inspections of the cell and
10 any waste containers will be conducted when the cell is first entered for maintenance or repairs and
11 repeated at least weekly when such activities are prolonged. During visual inspections, the waste
12 containers are viewed for signs of deterioration.

13

14 During container treatment in any of the portable soak tanks, facility personnel visually monitor
15 the tanks periodically for leaks or overflows. When treatment is not occurring in these tanks, inspections
16 will be done weekly for leaks or deterioration.

17

18 **F-2b(2) Tank System Inspection [IDAPA 58.01.05.008; 40 CFR 264.195]**

19

20 **F-2b(2)(a) Certification for Tank Repairs [IDAPA 58.01.05.008; 40 CFR 264.196(f)]**

21

22 Major repairs made to the tank treatment systems addressed in this permit will be certified by an
23 independent, qualified, registered professional engineer (PE).

24

25 **F-2b(2)(b) Tank System External Corrosion and Releases [IDAPA 58.01.05.008;
26 40 CFR 264.195]**

27

28 On each day a tank system is being operated, the portions of the tank system that can be visually
29 inspected will be checked for leaks, cracks, corrosion, and external deterioration. Out-of-cell piping runs
30 from tank systems being operated will be monitored once each operating day for leaks, by means of
31 Alarm L-NC-219C in the NWCF control room.

When VES-NCD-123 or VES-NCD-129 holds waste, the tank level indicators and L-NC-219C are monitored daily to detect releases. L-NC-219C will also indicate whether releases have occurred from the pumps (P-NCD-223 and -229) used to transfer waste from VES-NCD-123 and -129 to processing destinations. Visual inspections of these tanks and pumps are limited to infrequent occasions during equipment maintenance and repair. High radiation levels prevent visual inspections of these items on a daily basis.

**F-2b(2)(c) Tank System Construction Materials and Surrounding Area [IDAPA 58.01.05.008;
40 CFR 264.195(b)(3)]**

The construction materials and the area immediately surrounding the externally accessible portion of the HFLS, sinks, and ultrasonic cleaner, including the secondary containment system, will be inspected or monitored once each operating day to detect deterioration or signs of any releases into the secondary containment. Because of high radiation levels, such daily inspections will not be possible for VES-NCD-123 and VES-NCD-129. However, these inspections will be done during the infrequent occasions of equipment maintenance and repair in these tank cells.

**F-2b(2)(d) Tank System Overfilling Control Equipment [IDAPA 58.01.05.008;
40 CFR 264.195(a)]**

Overfilling control equipment for the tank systems addressed in this permit includes:

- Level sensors and indicators on the high-efficiency particulate air (HEPA) Filter Leaching System (HFLS) remote control panel
- An overflow line on the HFLS that transfers any solution overflow to the drain line
- An overflow outlet on the ultrasonic cleaner to prevent overflowing of the stainless-steel tank
- An overflow line from VES-NCD-129 to VES-NCD-123
- The level sensor (LE-219) and its indicator alarm (L-NC-219C) for VES-NCD-123 and VES-NCD-129 and their associated piping and pumps.

1 The overflow line for the HFLS and the overflow outlet for the ultrasonic cleaner will be
2 inspected as part of the daily inspections during debris treatment for leaks, corrosion, and external
3 deterioration. The overflow line from VES-NCD-129 to VES-NCD-123 will be inspected as part of
4 overall tank inspections during the infrequent occasions of equipment maintenance and repair in these
5 tank cells.

6

7 Level sensors and indicators are calibrated on an annual basis to ensure reliability of
8 instrumentation. Level readings on the receiving tanks are monitored daily. When an anomalous level
9 reading is identified, the cause is investigated and the sensor or indicator is repaired or replaced.

10

11 **F-2b(2)(e) Tank System Monitoring and Leak Detection Equipment [IDAPA 58.01.05.008; 40 CFR
12 264.195(b)(2)]**

13

14 Data gathered from monitoring and leak detection equipment for the tank systems addressed in
15 this permit are inspected daily during operation to ensure each tank is operated according to design
16 specifications.

17

18 Information is recorded daily for both of the HFLS tanks when the HFLS is being operated. The
19 facility operator will review and initial the inspection form weekly and take note of any ongoing
20 corrective actions before conducting further inspection. While taking the readings, the decontamination
21 technician or waste operator is able to ensure the system is operating properly.

22

23 Data are also gathered from monitoring equipment during treatment in the sinks and the
24 ultrasonic cleaner, and recorded in the shift log.

25

26 Level recordings for VES-NCD-123 and VES-NCD-129 are recorded, per written procedure, on a
27 daily basis. Level recordings for these tanks are also recorded during draining from debris treatment areas
28 to the tanks.

29

30 The use of Valve PL-122-5 above the Non-Fluoride Hot Sump Tank (VES-NC-122) is
31 administratively and physically controlled. The valve is only manipulated during the execution of a
32 procedure and is left in the closed position when the activity is complete. The valve is located in a cell
33 behind a locked door. The valve is inspected during the execution of a procedure.

1 Level sensors and indicators are calibrated on an annual basis to ensure reliability of
2 instrumentation. Level readings on the receiving tanks are monitored daily. When an anomalous level
3 reading is identified, the cause is investigated and the sensor or indicator is repaired or replaced.

4

5 **F-2b(2)(f) Tank System Cathodic Protection [IDAPA 58.01.05.008; 40 CFR 264.195(c)]**

6

7 Tank system piping addressed in this permit is located within Building CPP-659. No cathodic
8 protection is necessary for this piping.

9

10 **F-2b(2)(g) Tank Condition Assessment [IDAPA 58.01.05.008; 40 CFR 264.195(b)(1)]**

11

12 Tanks are inspected or monitored daily, when the tank systems are in operation, for corrosion or
13 spills. In addition, during maintenance turnarounds, the tanks are assessed. The assessment consists of
14 visual inspections of the tanks for leaks, corrosion, and deterioration.

15

16 **F-2b(3) Waste Pile Inspection [IDAPA 58.01.05.008; 40 CFR 264.254(b)]**

17

18 The waste pile storage locations are inspected weekly for presence of liquids and generation of
19 leachate. Any liquids discovered during the inspections are removed as soon as possible. Since the piles
20 are stored in rooms within a completely enclosed, self-supporting building, there is no need for
21 inspections of the waste piles after storms.

22

23 **F-2b(3)(a) Run-on and Run-off Control System [IDAPA 58.01.05.008; 40 CFR 264.254(b)(1)]**

24

25 Because of the location of the waste piles in rooms within a completely enclosed, self-supporting
26 building, the waste piles are not susceptible to run-off. The waste piles are not subject to run-on either, for
27 reasons given in Attachment 1, Section D-3b(1) of this permit.

28

29 **F-2b(3)(b) Wind Dispersal System [IDAPA 58.01.05.008; 40 CFR 264.254(b)(2)]**

30

31 There is no wind dispersal system present (or needed) for the waste piles.

1 **F-2b(3)(c) Leachate Collection and Removal Systems [IDAPA 58.01.05.008;**
2 **40 CFR 264.254(b)(3)]**

3
4 Liquids that may come in contact with the waste piles will be collected and removed as soon as
5 possible using floor drains or other means.

6
7 **F-2b(8) Miscellaneous Unit Inspections [IDAPA 58.01.05.012; 40 CFR 270.14(b)(5)]**

8
9 An inspection program for the four miscellaneous units addressed in this permit, the two decon
10 cubicles, the steam spray booth, and the decon cell, is in place to ensure compliance with the
11 environmental performance standards specified in Section D-8 in Attachment 1 of this permit.

12
13 Soak tanks, if used, and ancillary equipment are visually inspected for leaks during treatment of
14 mixed waste debris in the decon cubicles. Liquid residuals generated by treatment within the cubicles are
15 drained via singly encased stainless-steel piping, which runs through the second level corridor and the
16 valve pit (307) to VES-NCD-123 or VES-NCD-129. The drain piping below the cubicles in the second
17 level corridor is visually inspected for leaks daily. During and after use of the decon cubicles for
18 treatment of mixed waste debris, the portion of CPP-659 located below the decon cubicles (in the second
19 level corridor) is visually inspected to ensure the cubicle floors are not leaking. Any leaks from the drain
20 piping in the valve pit can be detected by means of level sensor LE-219 [see Section D-2f(1)(b)].

21
22 As described in Section D-8b(2), the steam spray booth has a primary floor and a secondary floor
23 for containment. Liquid residuals generated by treatment within the booth are drained through doubly
24 encased stainless-steel piping to VES-NCD-123. Leaks into the booth's secondary containment system
25 can be detected by liquid-level sensor LE-219. In addition, the glove box and drain line are visually
26 inspected daily in the following areas during debris treatment: Room 418 stainless-steel floor between
27 the glove box and the steam spray booth wall, the steam spray booth floor, and the glove box shell.

28
29 The decon cell is designed to prevent the spread of contamination during treatment activities.
30 The floor, ceiling, and walls are lined with stainless steel. The cell floor is sloped toward a trench along
31 the west wall. The cell trench is equipped with a drain line that can be drained to either VES-NCD-129 or
32 to VES-NCD-123, depending on the valve lineup.

1 Treatment can be conducted in a portable soak tank or on the floor of the cell. Steam is available
2 to heat the treatment solutions, if necessary. During treatment activities in the portable soak tank, the
3 valve on the drain line leading to either VES-NCD-123 or VES-NCD-129 is kept open. Facility
4 personnel visually monitor the tanks periodically for leaks, deterioration, or overflows.

5

6 During treatment activities in the decon cell when not using a portable soak tank, the valves on
7 the drain lines are closed. Treatment solutions are placed in the trench along the west wall. A steam jet is
8 available to heat treatment solutions, as necessary, in the trench. The jet is used to remove treatment
9 solution from the trench and spray it onto the item(s) being treated. Upon completion of treatment, the
10 valve on the drain line to the selected tank is opened and the solution is drained from the trench.

11

12 The drain lines from the decon cell are secondarily contained. The secondary containment is
13 sloped and drains to the trench in the pump room for VES-NCD-129. The trench in the pump room is
14 sloped and drains through an encased line to VES-NCC-122. This line is equipped with a level sensor,
15 LE-219, that would detect the presence of liquid [see Attachment 1, Section D-2f(1)(b)].

16

17 For details on the drain piping between the decon cell and VES-NCD-123 and -129, see Drawing
18 133446. For details on inspections related to leak detection for the decontamination cell, see above.

19

20 Secondary containment and leak detection for VES-NCD-123 and -129 are described in
21 Attachment 1, Section D-2f(1)(b).

22

23 The NWCF heating, ventilation, and air conditioning (HVAC) filtering system is monitored daily
24 for high differential pressures, and radiation levels. See Section F-4f for a description of how releases to
25 the atmosphere from the steam spray booth and the decon cubicles are minimized.

**Appendix F-1. Inspection Schedule and Examples of Forms for
CPP-659/-1659 Storage**

Inspection Schedule for CPP-659/-1659 Storage

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
FIRE PROTECTION SYSTEM			
Wet-pipe fire sprinkler system	Alarm condition multiplex interface panel (MIP) Class A alarms	Daily	Shift Operations
Dry horizontal sidewall fire sprinkler system	Alarm condition on MIP	Daily	Shift Operations
Portable fire extinguishers	Physical damage, charge, accessibility, seals	Monthly	Shift Operations
EMERGENCY EQUIPMENT			
Safety showers and eyewashes	Supply valve is open, accessibility, check for leaks	Monthly	Shift Operations
Spill control cabinets	Broken seals, Inventory equipment	Monthly	Shift Operations
Plant voice paging and evacuation alarm system	Operation, coverage	Monthly	Shift Operations
Telephones/building paging system	Operation at each building level (in occupied levels only for telephones)	Daily	Shift Operations
OPERATING AND STRUCTURAL EQUIPMENT			
Access warning signs	Warning signs in place – inside the INTEC facility Warning signs in place – INTEC perimeter fence and guard gates	Weekly Semiannually	Shift Operations Shift Operations
Floors and containment systems	Free of cracks and gaps, no hazardous liquids, no deterioration	Weekly ¹	Shift Operations
Containers (in one or more of 20 storage rooms)	Condition, leaks--visual inspection of storage area	Weekly ²	Shift Operations
Loading/Unloading areas, all on first level of CPP-659: (1) vehicle entry, (2) north unloading dock, and (3) east unloading dock	Condition, presence of hazardous solid or liquid waste spills.	Daily when loading/unloading is occurring	Shift Operations
Waste piles (in one or more of eight storage rooms)	Presence of leachate or liquids	Weekly ²	Shift Operations

¹ Remote shielded storage areas are inspected weekly, when waste is present, through shielded glass or via remote cameras. Complete cell inspections area performed when the cell must be entered for maintenance or repairs.

² Remote shielded storage areas are inspected weekly, when waste is present. Inspections may be performed as appropriate) through shielded windows, by use of remotely-operated cameras, or by cell entry.

RCRA INSPECTION INDEX

Insp. Date	Form Number Used and Title	Remedial Actions	Date Completed	Sent to Records (Signature/Date)
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

Previous Week's Inspection Checked (Initials): _____

**The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous week's form,
the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table (Initials):** _____

Date:	Through	Normal Condition	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
INTEC Perimeter Fence										
"No Trespassing" signs posted at guard gates and on the fence around INTEC. Signs are visible and legible from at least 25 ft.	Yes	No		NA	NA	NA	Yes/No	NA	NA	NA
First Level										
Hazardous liquids on floor?	No	Yes		No/Yes						
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
"Danger-Unauthorized Personnel Keep Out" signs posted at doors to process areas? ⁽²⁾	Yes	No		NA	NA	NA	Yes/No	NA	NA	NA
Second Level Corridors										
Hazardous liquids on floor?	No	Yes		No/Yes						
Hazardous liquids on utility corridor floor?	No	Yes		No/Yes						
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Third Level Corridors										
Hazardous liquids on floor?	No	Yes		No/Yes						
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Loading and Unloading Docks										
North Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾	No	Yes		No/Yes/NA						
East Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾	No	Yes		No/Yes/NA						

(1) Check designated phone.

(2) See list on page 2.

(3) This inspection is required daily only when loading/unloading is occurring.

Doors which should be posted with "Danger-Unauthorized Personnel Keep Out" signs:

South side of NWCF:

1. Personnel access door from Acid Recycle Storage Tank Enclosure (Room 443) to outside
2. Vehicle access roll-up door from Decon Vehicle Entry (Room 417) to outside ramp.

West side of NWCF:

1. Personnel access door from Decon Vehicle Entry (Room 417) to outside
2. Personnel access door from Decon Hot Shop (Room 442) to outside.

East side of NWCF:

1. Personnel access door from Emergency Generator Room (432) to outside
2. Personnel emergency exit door from Stair No. 1 to outside
3. Freight roll-up door from elevator to east loading dock
4. Double door from vestibule (Room 431) to each loading dock.

North side of NWCF:

1. Double door from Decon Solution Makeup Room (429) to north loading dock
2. Vehicle access roll-up door from Crane Maintenance Area (Room 428) to north loading dock
3. Personnel access door from Calcium Nitrate Addition Room (427) to north loading dock
4. Freight roll-up door from Calcium Nitrate Addition Room (427) to north loading dock
5. Double door from Decon Exhaust Air Plenum Room (431) to outside ramp
6. Personnel emergency exit door from Corridor 424 to Tank Farm
7. Personnel access door from Equipment Decon Room (418) to Glycol Chiller Units.

Inside NWCF, first level:

1. Personnel access door from Lunchroom to Decon Shift Office (Room 415)
2. Personnel access door from Corridor 441 to Crane Maintenance Area (Room 428)
3. Personnel access door from Corridor 411 to Stair No. 3
4. Personnel access door from Corridor 411 to Decon Area
5. Personnel access door from Corridor 409 to Elevator Entry (Room 430)
6. Personnel access door from Corridor 409 to Stair No. 1.

Fire Systems-MIP Panel No. 10

Event No.	Location	Normal Condition	Off Spec. Condition	Week					
				Wed	Thu	Fri	Sat	Sun	
1103604	INTEC-659, Water Flow-400 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103605	INTEC-659, Water Flow-300 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103606	INTEC-659, Water Flow-200 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103607	INTEC-659, Water Flow-Calciner Exhaust Plenum Room 423	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103608	INTEC-659, Water Flow-300 Level West	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103609	INTEC-659, Water Flow-Calciner Supply Plenum Room 601	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103610	INTEC-659, Water Flow-Decon Exhaust Plenum	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103611	INTEC-659, Water Flow-Calciner Exhaust Plenum	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103612	INTEC-659, Heat Detector/Water Flow Decon Cell #308	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103613	INTEC-659, Heat Detector/Water Flow Filter Cell #309	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103614	INTEC-659, Manual Discharge/Water Flow-Calciner Cell	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103615	INTEC-659, Heat Detector-400 Level Calciner Plenum Room 423-North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103616	INTEC-659,Heat Detector-400 Level Calciner Plenum Room 423-South	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103701	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103702	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-South	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103703	INTEC-659, Control Panel Alarm Decon and Filter Cell	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103704	INTEC-659, Manual Fire Alarm-400 Level North Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103705	INTEC-659, Manual Fire Alarm-400 Level South Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103706	INTEC-659, Manual Fire Alarm-300 Level West Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103707	INTEC-659, Manual Fire Alarm-200 Level South Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103708	INTEC-659, Smoke Detector/Halon System Discharge-400 Level-Control Room	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103709	INTEC-659, Smoke Detector/Manual Fire Alarm	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103714	Butterfly Valve FWV-NCM-15-Room 433-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103715	Butterfly Valve FWV-NCM-14-Room 432-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103716	OS&Y Valve FWV-NCO-8-Corridor 318-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103801	OS&Y Valve FWV-NCO-12-Corridor 318-Sprinkler System	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Fire Systems-MIP Panel No. 10 (cont.)

Event No.	Location	Normal Condition	Off Spec. Condition	Week					
				Wed	Thu	Fri	Sat	Sun	
1103802	PIVS FWV-UTI-6505 and FWV-UTI-6507-West of INTEC-659-Sprinkler System Isolation– Tank Farm	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103803	Butterfly Valve FWV-NCD-16–Corridor 303–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103804	OS&Y Valve FWV-NCC-5–Calciner Plenum Room 423–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103805	Butterfly Valve FWV-NCC-1–Calciner Plenum Room 423–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103806	Butterfly Valve FWV-NCD-13–Corridor 303–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103807	Butterfly Valves FWV-NCD-19 and FWV-NCD-20–Corridor 303–Filter Handling/Decon Cells Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103810	PIV FWV-UTI-6513–East of INTEC-659–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103811	INTEC-659, Smoke Detector-400 Level	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103812	Fire Alarm Control Panel–Control Room	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103815	INTEC-659, Manual Fire Alarm-Acid Recycle Exit Door	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103901	INTEC-694, Foam System-Solvent Storage Tanks	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103902	INTEC-1607, Water Flow	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103909	Butterfly Valves FWV-NCD-24 and FWV-NCD-25–Decon Plenum Room 426-Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103910	Butterfly Valves FWV-NCC-14 and FWV-NCC-15–Calciner Plenum Room 423–Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103911	Butterfly Valve FWV-NCO-10–Corridor 318–Calciner Cell Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103912	INTEC-659, Manual Fire Alarm-400 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103913	INTEC-659, Manual Fire Alarm-300 Level East/North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103914	Control Panel Trouble–Calcine Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103915	Control Panel Trouble–Decon/Filtration Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Area/Item	Normal Condition	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Calciner Cell									
New leaks observed in cell? ⁽⁴⁾ ⁽⁶⁾ ⁽⁸⁾	No	Yes	No/Yes						
NCC-105–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
NCC-107–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						
Off-Gas Cell									
New leaks observed in cell? ⁽⁵⁾ ⁽⁷⁾	No	Yes	No/Yes						
Tanks or piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						
Filter Cell and Valve Cubicle									
New leaks observed in cell? ⁽⁹⁾ ⁽¹⁰⁾ ⁽¹¹⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						
Liquid Sample Cell									
New leaks observed in cell? ⁽¹³⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						
Flowmeter Cubicle									
New leaks observed in cell? ⁽¹²⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Off-Gas Cell

New leaks observed in cell? ⁽⁵⁾ ⁽⁷⁾	No	Yes	No/Yes						
Tanks or piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						

Filter Cell and Valve Cubicle

New leaks observed in cell? ⁽⁹⁾ ⁽¹⁰⁾ ⁽¹¹⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Liquid Sample Cell

New leaks observed in cell? ⁽¹³⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Flowmeter Cubicle

New leaks observed in cell? ⁽¹²⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Footnotes 4 through 13 are items that have been previously identified. The operation of the Calciner process has been terminated; do not re-report these items unless new leaks are observed.

4. Leak located on the upper flange to HV-107-2 on the fines column. Leak is occasional. Only seen during blasting of column. Identified on May 4, 1999.
5. Leak located on HV109-1C in the Off-Gas Cell. Leak is occasional – when P105-1C ~25" WC vacuum. Leak stopped when vacuum was increased approximately 20 minutes later. Identified on August 19, 1999.
6. Leak located in the Calciner Cell; leak was observed after acid was added to NCC-105. Estimated leak rate is ~3 drips per minute. Component leaking is unknown. Identified on February 16, 2000.
7. Leak located on PSS-208-2-1 in the Off-Gas Cell. Component does not appear to be leaking at this time, however there are signs of prior leakage (stalactite). Identified on March 22, 2000.

8. Leak located high in the Calciner Cell from the fines column. Observed 7 or 8 nickel-size chunks blown to the floor when blasting using HAAF-110419. Identified on May 4, 1999.
9. HV 102-3. No evidence of leak but leak was identified in the past. See Form INTEC-4004 dated April 3, 2002.
10. HV 103-4. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
11. LV 101-1. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
12. #1 Flow-meter. Evidence of leak on floor. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
13. Liquid Sample Cell. Evidence of leakage. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
14. The areas of the floor that are visible from the shielding windows are inspected. The entire floor is inspected only when a cell entry is made.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Vessel	Instrument	Normal Range	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Tank Farm Encasement	LSH-102-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-101 Volume	VOL101C	0-4,950 gal	>4,950 gal							
VES-NCC-102 Volume	VOL102C	0-3,460 gal	>3,460 gal							
VES-NCC-103 Volume	VOL103C	0-3,460 gal	>3,460 gal							
VES-NCC-104 Volume	VOL104C	0-68 gal	>68 gal							
Air Lift Pit Sump (Local)	L1-552-1	0-8 in.	>8 in.							
Blend and Hold Cell Drain	L-215C	Off Alarm	On Alarm	Off/On						
VES-NCC-108 Volume	VOL108C	0-1,700 gal	>1,700 gal							
Off-Gas Cell Drain	L-207C	Off Alarm	On Alarm	Off/On						
Absorber Cell Drain Line	L-206C	Off Alarm	On Alarm	Off/On						
Decon Holdup Collection Tank Cell Drain	L-219C	Off Alarm	On Alarm	Off/On						
VES-NCC-119 Volume	VOL119C	0-5,000 gal	>5,000 gal							
VES-NCC-122 Volume	VOL122C	0-3,800 gal	>3,800 gal							
Hot Sump Tank Cell Sump (Local)	L1-551-1	0-10 in.	>10 in.							
VES-NCR-171	L171-1C	0-109.5 in. WC	>109.5 in. WC							
Acid Recycle Sump	L174-1C	0-4 in. WC	>4 in. WC							
LET&D to Acid Recycle Leak Detection	MJAH-174-1C	Off Alarm	On Alarm	Off/On						
VES-NCR-171 to Valve Box Leak Detection	MJAH-174-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-150 Volume	Q150-1C	0-2,500 gal	>2,500 gal							
VES-NCC-152 Volume	Q152-1C	0-170 gal	>170 gal							

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Record the following information for leaks of hazardous materials from NWCF systems:

Date/time of leak discovery		
Location of leak: System/Cell		
Component leaking (valve, fitting, etc.)		
Estimated leak volume or rate		
Continuous or occasional leak? If occasional, when does leak occur?		
Comments:		

Date/time of leak discovery		
Location of leak: System/Cell		
Component leaking (valve, fitting, etc.)		
Estimated leak volume or rate		
Continuous or occasional leak? If occasional, when does leak occur?		
Comments:		

Date/time of leak discovery		
Location of leak: System/Cell		
Component leaking (valve, fitting, etc.)		
Estimated leak volume or rate		
Continuous or occasional leak? If occasional, when does leak occur?		
Comments:		

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Day	Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date	Nature of Any Repairs or Other Remedial Actions	Repairs/Remedial Actions Completed or Not Required Supervision Signature Date
Wed					
Thu					
Fri					
Sat					
Sun					
Mon					
Tue					

Form Review	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Supervision Initials:							

Comments:

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

**RCRA HLW MONTHLY VOICE
PAGING/EVACUATION SYSTEM INSPECTIONS**

Signature / Date

Previous Inspection for this Facility Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedial Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Facility⁽¹⁾: _____

Inspection Performed: Voice Paging/Evacuation System Operational Yes/No⁽¹⁾⁽²⁾

NOTE: *The Voice Paging System and the Evacuation System use the same speakers.*

(1) Areas that need to be inspected are:

Facility	Areas to Check
NWCF	All levels in the facility (including the Decon area)
Waste Side	Tank Farm, INTEC-604, LET&D, INTEC-641, INTEC-1683

(2) Although individual speakers may not be inspected, any speaker found not to be operating properly must be listed in the "Remedial Action" table below.

List items not operating properly (if any):

Item Not Operating Properly	Nature of any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions

Comments: _____

**RCRA HLW MONTHLY VOICE
PAGING/EVACUATION SYSTEM INSPECTIONS**

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or NOT Required;
Shift Supervisor's Signature: _____

RCRA HLW CELL INSPECTIONS

Previous Inspection Checked (Initial): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Facility: _____

Cell Inspected: _____

An inspection of the area will be conducted when the cell must be entered and repeated at least weekly for prolonged activities.

Equipment/Area Inspected	Problems/Inspection Items	Types of Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump	Erosion, cracks, debris, settling, spills			
Sump jet	Steam leaks, debris			
Concrete floor (stainless lined)	Cracks, gaps, deterioration, uneven settling, spills			
Concrete walls (stainless lined)	Cracks, gaps, deterioration, settlement			
Concrete floor (epoxy painted)	Cracks, gaps, deterioration, uneven settling, spills, paint			
Concrete walls ⁽¹⁾	Cracks, deterioration, paint settlement, paint			
Tank exteriors	Corrosion, erosion, leaks, cracks, gaps, discoloration, buckles, bulges			
Piping	Corrosion, erosion, leaks, cracks, gaps, loose or corroded connections			
Valves	Leaks (internal and external), corrosion			
Cell door	Deterioration, corrosion, will not close			
Pumps (if any)	Corrosion, erosion, leaks, deterioration, loose connections			
Filter unit exterior	Deterioration, corrosion, bulges, buckles, leaks			
Used HEPA filters	Corrosion, deterioration			

- (1) The WL-161, Condensate, and Pump Pit Cells at INTEC-604 are known to have defects in the concrete walls above the stainless-steel liner. When these cells are inspected, compare the photos located in an album in the Waste Processing control room to the current condition. If no change is noted, write NO CHANGE in the Observations section. No remedial actions will be necessary. If additional deterioration is noted, write this observation down and forward to the facility support engineer for further evaluation. Remedial action for this observation will be evaluated and repairs completed, if warranted.

RCRA HLW CELL INSPECTIONS

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required; Shift Supervisor's Signature: _____

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Signature/Date

Previous Month's Inspection Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

CSSF Fire Extinguishers

Check for accessibility, damage, seal, and gauge indication in green (if equipped).

Item	Location	Requirements Met		Problem(s) Found
1	SS I, Instrument Bldg.	Yes	No	
2	SS II, Instrument Bldg.	Yes	No	
3	SS III, Instrument Bldg.	Yes	No	
4	SS IV, Instrument Bldg.	Yes	No	
5	SS V, Roof	Yes	No	
6	SS VI, Instrument Room	Yes	No	
7	SS VI, Roof	Yes	No	

NWCF Fire Extinguishers

Check for accessibility, damage, seal, and gauge indication in green (if equipped).

Item	Location	Requirements Met		Problem(s) Found
9	Room 503 West wall	Yes	No	
10	Corridor 501 North wall	Yes	No	
11	Room 417 East wall	Yes	No	
12	Room 415 North wall	Yes	No	
13	Room 418 Southwest wall	Yes	No	
14	Room 418 North wall	Yes	No	
15	Room 442 Northeast wall	Yes	No	
16	Room 442 South wall	Yes	No	
17	Room 423 East wall	Yes	No	
18	Corridor 424 East wall	Yes	No	
19	Room 601 East wall	Yes	No	
20	Room 426 West wall	Yes	No	
21	Room 427 West wall (outside dock)	Yes	No	
22	Room 427 Southwest wall	Yes	No	
23	Room 428 East wall	Yes	No	
24	Room 428 North corner	Yes	No	
25	Room 430 North wall	Yes	No	
26	Room 432 Northwest wall (there are 2 at this location)	Yes	No	
27	Corridor 409 South wall	Yes	No	
28	Room 433 West wall	Yes	No	
29	Room 438 East wall	Yes	No	
30	Room 438 Southwest wall	Yes	No	
31	Room 439 South wall	Yes	No	

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Item	Location	Requirements Met		Problem(s) Found
32	Corridor 401 East wall	Yes	No	
33	Corridor 441 North wall	Yes	No	
34	Room 411 West wall	Yes	No	
35	Room 318 Southeast wall	Yes	No	
36	Room 318 West wall	Yes	No	
37	Room 303 Southwest wall	Yes	No	
38	Room 303 West wall	Yes	No	
39	Room 303 Northeast wall	Yes	No	
40	Room 311 Northeast wall	Yes	No	
41	Room 311 Northwest wall	Yes	No	
42	Room 312 South wall	Yes	No	
43	Room 317 North wall	Yes	No	
44	Room 201 South wall	Yes	No	
45	Room 201 Southwest wall	Yes	No	
46	Room 209 East wall	Yes	No	
47	Room 211 East wall	Yes	No	
48	Room 211 West wall	Yes	No	
49	Room 212 Northeast wall	Yes	No	
50	Room 212 Northwest wall	Yes	No	
51	Room 217 Northeast wall	Yes	No	

NWCF Fire Hose Connection Stations

Check for accessibility and leakage.

Item	Location	Requirements Met		Problem(s) Found
1	Room 409 South wall	Yes	No	
2	Room 424 East wall	Yes	No	
3	Room 428 Northwest wall	Yes	No	
4	Room 428 East wall	Yes	No	
5	Room 418 Northwest wall	Yes	No	
6	Room 411 West wall	Yes	No	
7	Room 318 Northwest wall	Yes	No	
8	Room 312 Southeast wall	Yes	No	
9	Room 311 Northeast wall	Yes	No	
10	Room 311 Northwest wall	Yes	No	
11	Room 303 West wall	Yes	No	
12	Room 201 West wall	Yes	No	
13	Room 211 East wall	Yes	No	
14	Room 212 Northeast wall	Yes	No	
15	Room 212 Northwest wall	Yes	No	

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Safety Showers/Eyewash Fountains

Check for leaks, accessibility, supply valve open, and that PM tag is current.

Level	Location	Equipment No.	Requirements Met?	Problem(s) Found
First	Room 415	SSW-NWCF-2 EFN-NWCF-2	Yes/No	
	Room 501	SSW-NWCF-3 EFN-NWCF-3	Yes/No	
	Room 418	SSW-NWCF-5 EFN-NWCF-5	Yes/No	
	Room 442	SSW-NWCF-13 EFN-NWCF-13	Yes/No	
	Room 427	SSW-NWCF-10 EFN-NWCF-10	Yes/No	
	Room 431	SSW-NWCF-14 EFN-NWCF-14	Yes/No	
	Room 429	SSW-NWCF-1 EFN-NWCF-1	Yes/No	
		SSW-NWCF-11 EFN-NWCF-11	Yes/No	
Second	Room 318	SSW-NWCF-7 EFN-NWCF-7	Yes/No	
	Room 303	SSW-NWCF-6 EFN-NWCF-6	Yes/No	
	Room 312	SSW-NWCF-0 EFN-NWCF-0	Yes/No	
Third	Room 201	SSW-NWCF-8 EFN-NWCF-8	Yes/No	
	Room 211	SSW-NWCF-9 EFN-NWCF-9	Yes/No	

Stretchers

Level	Location	Stretcher in Location?	Problem(s) Found
First	Room 409 – North wall	Yes/No	
	Room 411 – Northwest wall	Yes/No	
	Room 430 – South wall	Yes/No	
Second	Room 317 – South wall	Yes/No	
Third	Room 209 – South wall	Yes/No	

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Spill Control Cabinets

Place "✓" if minimum quantity (or greater) is present. Notify supervision of any usage so that cabinet can be restocked.

If seal no. is the same and the seal has not been broken, an inventory need not be taken.

Item	Minimum Quantity Required	Room 415	Room 431	Room 317	Room 303	Room 209
Non-rad acid suits (green) (1) (These are reusable)	6 pair					
Acid Boots (1)	6 pair (2 pair, size 15)					
Rad Acid Suits (1)	6					
Acid Gloves (neoprene) (1)	12 pair					
Splash Goggles	4					
Plastic Buckets	2					
Spill Control Pillows	24					
Hazardous Material Pigs	12					
Hazardous Material Bags (1)	12					
Mop Handles	1					
Mop Heads	3					
Safety Rope	25 ft					
Signs (5 total)	4 "Danger-Acid Spill" 1 "Chemical Spill"					
pH Paper	2 boxes					
Duct Tape (white) (1)	2 rolls					
Shovel (flat head)	1					
Smear Paper and Envelopes	1 box					
Pencils, Grease Pencils	2 each					
Radiological Tags, Signs	5 each					
Acid Neutralizer	5 gallon bucket					
Caustic Neutralizer	5 gallon bucket					
Radiation Rope or Ribbon	25 feet					
Previous Inspections Seal Number for Cabinet						
Seal Number for Cabinet						

(1) Replace these items every January and July.

Equipment/Item Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Safety showers/eyewashes	Leaks, accessibility, supply valve open, PM tag current			
Spill control cabinets	Equipment inventory			

Valve Number	Normal Condition	Off Spec. Condition	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
PL-122-5	Closed	Open	Closed/Open		

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Item No.	Action(s) Taken to Correct Problem(s) Found	Action Date	Completion Date

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required;
Shift Supervisor's Signature: _____

**RCRA DECON FACILITY WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Previous Week's Inspection Checked (Initial) _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous week's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Inspections may be performed through shield windows (as appropriate).
Locations where waste HEPA filters may be stored in containers:

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection If Waste is Stored at Location	Inspection Date/Time: ^(b)					Comments
				Week 1	Week 2	Week 3	Week 4	Week 5	
Room 306	Equipment Decon Storage Room	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
Room 308	Decon Cell	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
Room 309	Filter Handling Cell	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
Room 415	Low Level Decon Room	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
Room 416	Decon Room Storage Area	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
Room 417	Vehicle Entry	Week 1 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes No/Yes Yes/No No/Yes
		Week 2 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 3 - Yes/No ^(a)		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No Yes/No Yes/No No/Yes
		Week 4 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes
		Week 5 - Yes/No ^(a)		No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes Yes/No Yes/No No/Yes

**RCRA DECON FACILITY WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection if Waste is Stored at Location	Inspection Date/Time: ^(b)					Comments
				Week 1	Week 2	Week 3	Week 4	Week 5	
Room 418	Equipment Decon Room	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes
Room 421	Equipment Decon Room	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes
Room 422	Equipment Decon Room	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes
Room 442	Contaminated Equipment Maintenance Bldg	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Containers leaking? Containers deteriorating? Containers closed? Hazardous liquids on floor?	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes	No/Yes No/Yes Yes/No No/Yes

(a) Inspection is not required if waste filters or debris are not stored at location.

(b) If month does not have five weeks, write "N/A" in Week 5 blanks.

RCRA DECON FACILITY WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection if Waste is Stored at Location	Inspection Date/Time. ^(b)					Comments
				Week 1	Week 2	Week 3	Week 4	Week 5	
Room 306	Equipment Decon Storage Room	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Liquid leaching from waste pile? Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Room 308	Decon Cell	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Liquid leaching from waste pile? Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Room 309	Filter Handling Cell	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Liquid leaching from waste pile? Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Room 416	Decon Room Storage Area	Week 1 - Yes/No ^(a) Week 2 - Yes/No ^(a) Week 3 - Yes/No ^(a) Week 4 - Yes/No ^(a) Week 5 - Yes/No ^(a)	Liquid leaching from waste pile? Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes

Form Review	Week 1	Week 2	Week 3	Week 4	Week 5
Supervision Initials:					

RCRA DECON FACILITY WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20 ____

	Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date/Time	Nature of Any Repairs or Other Remedial Actions	Repairs/Remedial Actions Complete or Not Required Supervision Signature/Date
Week 1					
Week 2					
Week 3					
Week 4					
Week 5 ^(b)					

(a) Inspection is not required if waste filters or debris are not stored at location.

(b) If month does not have five weeks, write "N/A" in Week 5 blanks.

Comments:

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

**RCRA NWCF WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Previous Months Inspection Checked (Initial): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous months form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Inspections may be performed through shield windows (as appropriate), or by use of remotely operated cameras.

Locations where waste HEPA filters may be stored in containers:

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection if Waste is Stored at Location	Inspection Date/Time ^(b)					Comments
				Week 1	Week 2	Week 3	Week 4	Week 5	
Room 205	Hot Sump Tank Removal Cell	Week 1 - Yes/No ^(a)	Camera operable?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 2 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 4 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 5 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Room 206	Adsorber Cell	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 207	Off-Gas Cell	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 214	Calciner Cell	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 215	Blend and Hold Cell	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 216	Filter Cell/Valve Cubicle	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							

**RCRA NWCF WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection if Waste is Stored at Location	Inspection Date/Time ^(b)					Comments
				Week 1	Week 2	Week 3	Week 4	Week 5	
Room 218	PaR Parking Area	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 323	Crane Maintenance and Transfer Area	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 326	Transfer Area (Mezzanine)	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							
Room 419	Decon Transfer Room	Week 1 - Yes/No ^(a)	Containers leaking?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 2 - Yes/No ^(a)	Containers deteriorating?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 3 - Yes/No ^(a)	Containers closed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
		Week 4 - Yes/No ^(a)	Hazardous liquids on floor?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
		Week 5 - Yes/No ^(a)							

(a) Inspection is not required if waste filters or debris are not stored at location.

(b) If month does not have five weeks, write "N/A" in Week 5 blanks.

**RCRA NWCF WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Storage Location	Location Description	Filters and/or Debris Stored at Location?	Inspection if Waste is Stored at Location	Inspection Date/Time ^(b)					Comments
				Week 1		Week 2		Week 3	
				No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
Room 216	Filter Cell/Valve Cubicle	Week 1 - Yes/No ^(a)	Liquid leaching from waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 2 - Yes/No ^(a)	Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 3 - Yes/No ^(a)							
		Week 4 - Yes/No ^(a)							
		Week 5 - Yes/No ^(a)							
Room 218	PaR Parking Area	Week 1 - Yes/No ^(a)	Liquid leaching from waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 2 - Yes/No ^(a)	Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 3 - Yes/No ^(a)							
		Week 4 - Yes/No ^(a)							
		Week 5 - Yes/No ^(a)							
Room 323	Crane Maintenance and Transfer Area	Week 1 - Yes/No ^(a)	Liquid leaching from waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 2 - Yes/No ^(a)	Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 3 - Yes/No ^(a)							
		Week 4 - Yes/No ^(a)							
		Week 5 - Yes/No ^(a)							
Room 326	Transfer Area (Mezzanine)	Week 1 - Yes/No ^(a)	Liquid leaching from waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 2 - Yes/No ^(a)	Liquid collecting at waste pile?	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	
		Week 3 - Yes/No ^(a)							
		Week 4 - Yes/No ^(a)							
		Week 5 - Yes/No ^(a)							

RCRA NWCF WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20_____

Form Review Supervision Initials:	Week 1	Week 2	Week 3	Week 4	Week 5
---	--------	--------	--------	--------	--------

Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date/Time	Nature of Any Repairs or Other Remedial Actions		Repairs/Remedial Actions Complete or Not Required Supervision Signature/Date
Week 1					
Week 2					
Week 3					
Week 4					
Week 5 ^(b)					

(a) Inspection is not required if waste filters or debris are not stored at location.

(b) If month does not have five weeks, write "N/A" in Week 5 blanks.

Comments: _____

**RCRA NWCF WEEKLY INSPECTIONS
FOR THE MONTH OF _____, 20____**

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial Was Identified	Deficiency Description/Comments:

**Appendix F-2. Inspection Schedule and Examples of Forms for
FDP Cell Container Storage**

Inspection Schedule for FDP Cell Container Storage

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
FIRE PROTECTION SYSTEM			
Wet-pipe fire sprinkler system	Alarm condition multiplex interface panel (MIP) Class A alarms	Monthly	Shift Operations
Fire alarms	Alarm condition, MIP Class A alarms ¹ , AC power light active or battery backup	Monthly	Shift Operations
Portable fire extinguishers	Physical damage, charge, accessibility, and sealed	Monthly	Shift Operations
EMERGENCY EQUIPMENT			
Safety showers and eye washes	Supply valve is open, accessibility, check for leaks	Monthly	Shift Operations
Spill control cabinets	Broken seals, inventory equipment	Monthly	Shift Operations
Plant voice paging and evacuation alarm system	Operation, coverage	Monthly	Shift Operations
Telephones/building paging system	Operation at each building level (in occupied areas only for telephones)	Weekly	Shift Operations
OPERATING AND STRUCTURAL EQUIPMENT			
Floors and Containment systems	Free of cracks and gaps, no hazardous liquids, no deterioration	Weekly ²	Shift Operations
Containers (at -13 and 0 levels)	Condition, leaks--visual inspection of storage areas	Weekly ²	Shift Operations
Loading/Unloading areas	Condition, presence of hazardous solid or liquid waste spills	Daily when waste is being loaded or unloaded	Shift Operations
FDP cell sump (at -27' level)	Alarm	Weekly	Shift Operations

¹ When alarm panels are not functional appropriate compensatory measures such as fire watches are implemented.

² Remote shielded storage areas are inspected weekly, when waste is present, through shielded glass or via remote cameras. Complete inspections are performed when the cell must be entered for maintenance or repairs.

RCRA INSPECTION INDEX

Insp. Date	Form Number Used and Title	Remedial Actions	Date Completed	Sent to Records (Signature/Date)
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

INTEC-666 WEEKLY RCRA INSPECTIONS

Month/Year _____

Review previous inspection and RCRA Remedial Log and initial on page 2 of this form.

A circled **Yes** indicates requirements are met.

Review previous inspection and RCRA Remedial Log and initial on page 2 of this form.

A circled **Yes** indicates requirements are met.

		Insert Date:		Beginning Time:		Requirements Met?		Requirements Met?		Requirements Met?		Problems Found	
Item No.	Location	Equipment	Requirements	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)		
1.	Room 118 MCRP 4	LI-FC-076-1 Cell Sump Level	0 to 15.5 in. WC Within Range	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2.	Room 118	Telephone/Fac. Pager	Functions Properly	(3)	Yes	No	Yes	No	Yes	No	Yes	No	No
3.	Room 113	Telephone	Functions Properly	(3)	Yes	No	Yes	No	Yes	No	Yes	No	No
4.	Air Lock 112	Door 040 Door into CMA	"DANGER Unauthorized Personnel Keep Out" sign is in place	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5.	Room 113 Room B-6	FDP Cell	Cell floor and containment system are free of visible liquids, leaks, cracks, and gaps	(4)	Yes	No	Yes	No	Yes	No	Yes	No	No
6.	Room B-6	Door B3 Door into B-5 Waste Loadout	"DANGER Unauthorized Personnel Keep Out" sign is in place	(4)	Yes	No	Yes	No	Yes	No	Yes	No	No
7.	Room B-6	Telephone	Functions Properly	(3)	Yes	No	Yes	No	Yes	No	Yes	No	No
8.	Room B-6	HEPA Filter Drums	In good condition	(4)	Yes	No	Yes	No	Yes	No	Yes	No	No
9.	Room SB-4	Door 53 Door into SB-3 into Cell	"DANGER Unauthorized Personnel Keep Out" sign is in place	(4)	Yes	No	Yes	No	Yes	No	Yes	No	No

A copy of this record must be maintained in the main control room/shift operating base for 3 years.

- If there isn't a 5th Monday of the month, circle N/A in date block.
- Record level.
- Telephone 'functions properly' means 2-way communication was established.
- Weekly FDP Cell inspections will be performed by visual inspection through the shielded glass windows into the FDP Cell (this does NOT include the CMA). Operator observation will be for apparent deterioration of visible parts of storage drums, for any visible liquids or leaks, and cracks or gaps in the floors and containment system that can be seen from those windows. If drums and containment system are free of all above conditions, then circle "Yes". Visual inspections will be performed through the shielded glass windows on the -13' and the 0'0" levels.

INTEC-666 WEEKLY RCRA INSPECTIONS

Day	m/d/yr	Previous Inspection Reviewed (Initial)	RCRA Remedial Log (FHO-31) Reviewed (Initial)	Inspector's Name (Print)	Inspector's Signature	Tech Lead Review Signature
1st Monday						
2nd Monday						
3rd Monday						
4th Monday						
5th Monday						

Newly Identified RCRA Remedial Tracking

Footnote Letter	Item No.	RCRA Remedial	Date Remedial as Identified	Action Taken	Completion Date/Status
				No <input type="checkbox"/> Yes <input type="checkbox"/>	Transfer data to RCRA Remedial Log (FHO-31)

Form INTEC-9133, "SNF RCRA Remedial Addendum," used for additional remedials? No Yes

Remedial Actions	
Completed <input type="checkbox"/>	Not Required <input type="checkbox"/>
/	
Tech Lead: Signature	/ Date

**INTEC-666 MONTHLY RCRA INSPECTION VOICE
PAGING AND EVACUATION SYSTEM**

Signature/Date

Previous Month's Inspection (Form INTEC-9131) Reviewed: _____ Initials

Inspection Began	
Date: _____	Time: _____

RCRA Remedial Log (FHO-31) Reviewed: _____ Initials

A circled Yes indicates the equipment meets requirements per 1, 2, and 3 below.

1. Voice Paging: Words are heard and understood.
2. Evacuation System: Alarms are heard and distinguishable.
3. Although individual speakers may not be inspected, any speaker found not to be operating properly must be listed in the "RCRA Remedial Tracking" table below.

Item No.	Building	Area	Equipment	Requirements Met?	Problem(s) Found
1.	INTEC-666	FO and FL	Voice Paging	Yes	No
2.	INTEC-666	FO and FL	Evacuation System	Yes	No

Newly Identified RCRA Remedial Tracking

Footnote Letter	Item No.	RCRA Remedial	Date Remedial was Identified	Action Taken	Completion Date/Status

Form INTEC-9133, "SNF RCRA Remedial Addendum," used for additional
remedials? No Yes

Transfer data to RCRA Remedial Log (FHO-31)

General Notes: _____

Inspector (print)	Inspector (signature)	Tech Lead Review (signature)

Remedial Actions	
Completed <input type="checkbox"/>	Not Required <input type="checkbox"/>
/	
Tech Lead: Signature	/ Date

A copy of this record must be maintained in the
main control room/shift operating base for 3 years.

RCRA CELL INSPECTIONS

Signature/Date _____

Previous Inspection Checked (Initial): _____

Facility: _____ Cell Inspected: _____

Date: _____ Time: _____

An inspection of the area will be conducted when the cell must be entered and repeated at least weekly for prolonged activities.
Contact RCT and Industrial Hygiene for evaluation of hazards in area to be inspected.

Equipment/Area Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump	Erosion, cracks, debris, settling, spills			
Sump jet	Steam leaks, debris			
Concrete floor (stainless lined)	Cracks, gaps, deterioration, uneven settling, spills			
Concrete walls (stainless lined)	Cracks, gaps, deterioration, settlement			
Concrete floor (epoxy painted)	Cracks, gaps, deterioration, uneven settling, spills, paint			
Concrete walls	Cracks, deterioration, settlement, paint			
Tank exteriors	Corrosion, erosion, leaks, cracks, gaps, discoloration, buckles, bulges			
Piping	Corrosion, erosion, leaks, cracks, gaps, loose or corroded connections			
Valves	Leaks (internal and external), corrosion			
Cell door	Deterioration, corrosion, will not close			
Pumps (if any)	Corrosion, erosion, leaks, deterioration, loose connections			
Filter unit exterior	Deterioration, corrosion, bulges, buckles, leaks			
Used HEPA filters	Corrosion, deterioration			

Comments: _____

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required; Shift Supervisor's Signature: _____

INTEC-666 RCRA MONTHLY EMERGENCY EQUIPMENT INSPECTIONS

This data sheet is the current revision date per the current Form Index.

Signature/Date

Previous Month's Inspection (Form INTEC-4201) Reviewed: _____ Initials

Inspection Began	
Date: _____	Time: _____

RCRA Remedial Log (FHO-31) Reviewed: _____ Initials

Spill Control Cabinets

1. If inspection is for January, inventory the spill control cabinets using Form INTEC-9135, "INTEC-666, RCRA Spill Control Cabinet Inventory," before performing the inspection.
2. Copy the seal number for each spill control cabinet from the most recent inventory (Form INTEC-9135) into the appropriate block in Column 3. A copy of the most recent inventory is kept in the RCRA Inspection Log (binder) in the INTEC-666 SOB (control room).
3. Inspect the current seal and record current seal number in Column 4.
4. If the inventory seal number (Column 3) is the same as the current seal number (Column 4) and the seal is still intact, circle "Yes" in Column 5.
5. If the seal is not intact, or if the seal numbers do not match, circle "No" in Column 5 and describe the problem in Column 6.

NOTE: Annual inventories are to be completed in January of each year. Inventories are also required any time the seal on the cabinet is broken.

Column 1	Column 2	Column 3	Column 4	Column 5		Column 6
Item No.	Location	Inventory Seal No.	Current Seal No.	Requirements Met?		Problem(s) Found
1.	Room 113			Yes	No	
2.	Room 115			Yes	No	
3.	Room B-6			Yes	No	
4.	Room 165			Yes	No	

A copy of this record must be maintained in the main control room/shift operating base for 3 years.

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began
/ /
Date

INTEC-666 Fire Extinguishers

A circled **Yes** indicates the fire extinguisher meets the following requirements.

1. Accessible (hanging on the wall)
2. Free of visible damage
3. Seal is in place
4. Gauge indicates green (if equipped).

Item	Location (Location Barcode No.)	Requirements Met?		Problem(s) Found
5.	Room 113, FDP West Hall, West Wall, South End (9286)	Yes	No	
6.	Room 113, FDP East Hall, East Wall, North End (9064)	Yes	No	
7.	Room 113, FDP East Hall, West Wall, South End (9147)	Yes	No	
8.	Room 116, FDP North Wall (9126)	Yes	No	
9.	Room 202, South Wall (9268)	Yes	No	
10.	Room 115, FDP South Wall (9269)	Yes	No	
11.	Room 114C, FDP North Wall (9239)	Yes	No	
12.	Stairwell 1, FDP by East Exit Door (9079)	Yes	No	
13.	Room 201, FDP North Wall (8721)	Yes	No	
14.	Room 201, FDP East Hall, East Wall, South End (9099)	Yes	No	
15.	Room 201, FDP West Hall, West Wall, South End (9110)	Yes	No	
16.	Room 301, FDP East Hall, East Wall, Middle Area (8630)	Yes	No	
17.	Room 301, FDP West Hall, West Wall, South End (8619)	Yes	No	
18.	Room 302, FDP East Wall (8686)	Yes	No	
19.	Room 401, FDP North Wall (9130)	Yes	No	
20.	Room B-6, FDP East Hall, North End (9226)	Yes	No	
21.	Room B-6, FDP West Hall, South End (8716)	Yes	No	
22.	Room SB-4, FDP East Hall, North End (8668)	Yes	No	
23.	Room SB-4, FDP West Hall, South End (8700)	Yes	No	
24.	Room 110, FSA East Wall, Middle Area – Pool Area (8695)	Yes	No	
25.	Room 110, FSA East Wall, South End, Pool Area (9159)	Yes	No	
26.	Room 110 FSA West Wall South End, Pool Area (9101)	Yes	No	

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began
/ /
Date

Item	Location (Location Barcode No.)	Requirements Met?	Problem(s) Found
27.	Room 102, FSA East Hall, South End, Cask Rec. Area (8631)	Yes	No
28.	Room 102, FSA West Hall, South End, Cask Rec. Area (9231)	Yes	No
29.	Room 101, FSA East Wall, North Side, Truck Rec. Area (9219)	Yes	No
30.	Room 101, FSA South Wall, East Side, Truck Rec. Area (8702)	Yes	No
31.	Room 101, FSA West Wall, North Side, Truck Rec. Area (9066)	Yes	No
32.	Room 174, FSA Southwest, Corner on East Wall (9158)	Yes	No
33.	Room 165, FSA North Wall (9168)	Yes	No
34.	Room 164, FSA East Wall (9194)	Yes	No
35.	Room 164, FSA North Wall by VES-FT-135 (9280)	Yes	No
36.	Room 208, FSA Northeast End, East Wall (8638)	Yes	No
37.	Room 208, FSA South Wall (9089)	Yes	No
38.	Room 209, FSA East Wall (8735)	Yes	No
39.	Room 210, FSA East Wall, Middle Area (8726)	Yes	No
40.	Room 211, FSA North Wall (9106)	Yes	No
41.	Room 219, FSA South Wall (9071)	Yes	No
42.	Room 307, FSA South Wall (8627)	Yes	No
43.	Room B-9, FSA West Wall (9080)	Yes	No
44.	Hallway, FSA South Wall By Room 163 (8662)	Yes	No
45.	Room 163, FSA North Wall (9164)	Yes	No
46.	Room 153, FSA South Wall – Men's Room (8663)	Yes	No
47.	Annex, 1 st Floor, South End (9225)	Yes	No
48.	Annex, 2 nd Floor, South End (9109)	Yes	No
49.	Hallway, Main Entrance, FSA North End (8707)	Yes	No
50.	Hallway, Main Entrance, FSA West Wall, Middle Area (9213)	Yes	No
51.	Room 122, FSA North Wall (9084)	Yes	No
52.	Hallway, FSA South Wall across from South Entrance to Room 143 – Women's Room (9096)	Yes	No

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began
/ /
Date

Item	Location (Location Barcode No.)	Requirements Met?		Problem(s) Found
53.	Hallway, FSA East Wall by Room 120 (9088)	Yes	No	
54.	Hallway, FSA North Wall next to Room 118 – Shift Operating Base (9223)	Yes	No	
55.	Room 118, FSA South Wall (8734)	Yes	No	
56.	Room 119, FSA West Wall – Cutting Pool (9142)	Yes	No	

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began	
/	/
Date	

Safety Showers/Eyewash Stations

A circled **Yes** indicates the safety showers/eyewash stations meet the requirements below:

1. Free of visible leaks
2. Accessible (no obstructions or interferences to enter shower or eyewash station area)
3. Supply valve open
4. PM tag is current.

Item	Location	Equipment No.	Requirements Met?	Problem(s) Found
57.	Room 113, West Hall	SSW-FO-16	Yes	No
58.	Room 113, East Hall	SSW-FO-17	Yes	No
59.	Room 114B, North Wall by VES-FM-152	SSW-FM-2	Yes	No
60.	Room 114B, by VES-FM-162	SSW-FM-3	Yes	No
61.	Room 114B, by VES-FM-167	SSW-FM-1	Yes	No
62.	Room 116, West End	SSW-FM-4	Yes	No
63.	Room 203, West End	SSW-FM-5	Yes	No
64.	Room 202, East End	SSW-FM-7	Yes	No
65.	Room 114A, 2 nd Level by VES-FM-104	SSW-FM-26	Yes	No
66.	Room 114C, West Wall by VES-FM-179	SSW-FM-24	Yes	No
67.	Room 201, East Hall	SSW-FI-1	Yes	No
68.	Room 301, North Wall	SSW-FH-1	Yes	No
69.	Room B-6, East Hall	SSW-FL-19	Yes	No
70.	Room B-6, West Hall	SSW-FL-18	Yes	No
71.	Room SB-4, West Hall	SSW-FA-23	Yes	No
72.	Room 102, South Wall	SSW-FR-12	Yes	No
73.	Room 164, in Middle of Room	SSW-FT-3	Yes	No
74.	Room 164, by VES-FT-166	SSW-FT-22	Yes	No
75.	Room 219, in Middle of Room	SSW-FT-6	Yes	No
76.	Room 307, South Wall	SSW-FT-6B	Yes	No
77.	Room 210, Northwest Corner by Air Wash Pump P-FV-283	SSW-FV-1	Yes	No

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began
/ /
Date

INTEC-666 Fire Alarms

A circled Yes indicates the following requirements are met:

1. MIP has power. (If AC power light is not on, contact Life Safety Systems to verify that backup battery power is provided and notify facility supervision.)
2. All event lights for class "A" alarms are off. For identification of class "A" alarms, refer to Operator Aid CPP-10 for MIP Panel 11 and Operator Aid CPP-13 for MIP Panel 14.

Item	Equipment Number	Requirements Met?		Problem(s) Found
78.	MIP Panel 11 (located in the SOB)	Yes	No	
79.	MIP Panel 14 (located in the SOB)	Yes	No	

INTEC-666 Fire Hose Connection Stations

A circled Yes indicates fire hose connection stations are accessible and not leaking.

Item	Location	Requirements Met?		Problem(s) Found
80.	Room 113, West Corridor, North End	Yes	No	
81.	Room 113, East Corridor, North End	Yes	No	
82.	Room 102, (Cask Receiving Area) East Wall, Middle	Yes	No	
83.	Room 102, (Cask Receiving Area) South Wall, East Side	Yes	No	
84.	Room 102, (Cask Receiving Area) South Wall, West Side	Yes	No	
85.	Room 102, (Cask Receiving Area) West Wall, North End	Yes	No	
86.	Main Entrance, West Hall, South End	Yes	No	
87.	Hallway, Across from Room 118, (SOB) West End	Yes	No	

**INTEC-666 RCRA MONTHLY EMERGENCY
EQUIPMENT INSPECTIONS**

Inspection Began
/ /
Date

Newly Identified RCRA Remedial Tracking

Footnote Letter	Item No.	RCRA Remedial	Date Remedial was Identified	Action Taken	Completion Date/Status

Form INTEC-9133, "SNF RCRA Remedial Addendum," used for additional remedials? No Yes

Transfer data to RCRA Remedial Log (FHO-31)

General Notes:

Inspector (print)	Inspector (signature)	Tech Lead Review (signature)

Remedial Actions	
Completed <input type="checkbox"/>	Not Required <input type="checkbox"/>
/	
Tech Lead: Signature	/ Date

SNF RCRA REMEDIAL ADDENDUM

Inspection Began	/	/
	Date	

Form No. _____
Form Title _____

Newly Identified RCRA Remedial Tracking

Footnote Letter	Item No.	RCRA Remedial	Date Remedial was Identified	Action Taken	Completion Date/Status

**INTEC-666 RCRA SPILL CONTROL CABINET
INVENTORY**

This data sheet is the current revision date per the current Form Index.

Signature/Date

Inspection Began	
Date:	Time:

If performing the January inventory, obtain the appropriate number of replacement items for the materials marked with a * and restock the cabinets.

1. Check if the minimum quantity (or greater) of materials is present. Restock missing items.
2. A “/” in the appropriate block indicates the minimum quantity (or greater) of materials is present.
3. When the minimum quantity (or greater) of materials is present, attach a new seal.
4. Record the new seal number in the appropriate block below.
5. If all cabinets are NOT inventoried, cross out unused columns.

Materials	Minimum Quantity Required	CPP-666 Room 113	CPP-666 Room 115	CPP-666 Room B-6	CPP-666 Room 165
Non-rad acid suits (green) *	2 pair				
Acid boots *	2 pair				
Rad acid suits *	2 pair				
Acid gloves (neoprene) *	2 pair				
Face shields	2 each				
Plastic buckets	2 each				
Spill control pillows	2 each				
Hazardous material pigs	2 each				
Hazardous waste bags *	2 each				
Safety rope	25 ft				
Danger signs	2 each				
pH paper	1 box				
Duct tape (white) *	1 roll				
Shovel (flat head)	1 each				
Smear paper and envelopes	1 box				
Standard pencils and grease pencils	2 each				
Radiological tags, signs	2 each				
Radiation rope or ribbon	25 feet				
Adsorbent/absorbent (dolomite)	5 gallon bucket				
Mops	2 each				
Acid/caustic neutralizer (Spill-X-A and Spill-X-C)	1 each				
Splash goggles	2 each				
Seal Number for Cabinet					

Signature

Date

Signature certifies completion of the inventory(s).

A copy of this record must be maintained in the main control room/shift operating base for 3 years.

**Appendix F-3. Inspection Schedule and Examples of Forms for
Debris Treatment Processes**

Inspection Schedule for Debris Treatment Processes

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
FIRE PROTECTION SYSTEM			
Wet-pipe fire sprinkler system	Alarm condition multiplex interface panel (MIP) Class A alarms	Daily	Shift Operations
Dry horizontal sidewall fire sprinkler system	Alarm condition on MIP	Daily	Shift Operations
Portable fire extinguishers	Physical damage, charge, seals, accessibility	Monthly	Shift Operations
EMERGENCY EQUIPMENT			
Safety showers and eyewashes	Supply valve is open, accessibility, check for leaks	Monthly	Shift Operations
Spill control cabinets	Broken seals, Inventory equipment	Monthly	Shift Operations
Plant voice paging and evacuation alarm system	Operation, coverage	Monthly	Shift Operations
Telephones/building paging system	Operation at each building level (in occupied levels only for telephones)	Daily	Shift Operations
OPERATING AND STRUCTURAL			
Access Warning Signs	Warning signs in place	Weekly	Shift Operations
Loading/Unloading areas	Condition, presence of hazardous solid or liquid waste spills	Daily when waste is being loaded or unloaded	Shift Operations
HEPA FILTER LEACHING SYSTEM			
VES-NCD-141, VES-NCD-142, and in-cell ancillary equipment (including overflow line)	Leaks from or deterioration of tank	Daily when waste is being treated in HFLS	Shift Operations/Decon Techs
VES-NCD-141, VES-NCD-142	Unusual Level or Temperature Fluctuations	Periodically during HFLS treatment	Shift Operations/Decon Techs
Floor, trench, and drain	Deterioration or signs of releases	Daily when waste is being treated in HFLS	Shift Operations/Decon Techs
Primary drain piping from HFLS to VES-NCD-123 (inspected by means of alarm L-NC-219C)	Alarm could indicate leak from primary drain piping into outer encasement of piping	Daily when waste is being treated in HFLS	Shift Operations/Decon Techs

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
SINKS			
SH-NCD-933, -934	Leaks from or deterioration of sink	Daily when waste is being treated in sinks	Shift Operations/Decon Techs
SH-NCD-933, -934	Liquid level in sink--no overflows	Periodically during sink treatment	Shift Operations/Decon Techs
Floor and drain	Deterioration or signs of releases	Daily when waste is being treated in sinks	Shift Operations/Decon Techs
Primary drain piping from sinks to VES-NCD-123 (inspected by means of alarm L-NC-219C)	Alarm could indicate leak from primary drain piping into outer encasement of piping	Daily when waste is being treated in sinks	Shift Operations/Decon Techs
SOAK TANKS			
VES-NCD-138, TK-NC-136, or TK-NC-137, and applicable trench and/or drain	Leaks from or deterioration of tank	Daily when waste is being treated in soak tanks	Shift Operations/Decon Techs
VES-NCD-138, TK-NC-136, or TK-NC-137	Liquid level in tank--no overflows, leaks	Periodically during soak tank treatment	Shift Operations/Decon Techs
VES-NCD-138, TK-NC-136, or TK-NC-137	Condition, leaks	Weekly when soak tanks are not in use	Shift Operations/Decon Techs
ULTRASONIC CLEANER			
UC-NCD-921 (including overflow outlet)	Leaks from or deterioration of tank	Daily when waste is being treated in UC-NCD-921	Shift Operations/Decon Techs
UC-NCD-921 control panel indicators	Unusual readings	Periodically during -921 treatment	Shift Operations/Decon Techs
Floor and drain	Deterioration or signs of releases	Daily when waste is being treated in -921	Shift Operations/Decon Techs
Primary drain piping from UC-NCD-921 to VES-NCD-123 (inspected by means of alarm L-NC-219C)	Alarm could indicate leak from primary drain piping into outer encasement of piping	Daily when waste is being treated in -921	Shift Operations/Decon Techs

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
STEAM SPRAY BOOTH			
Steam spray booth (visual): (1) room 418 stainless-steel floor between the glove box and the booth wall, (2) the booth floor, (3) glove box shell	Leaks	Daily when treatment is occurring in steam spray booth	Shift Operations/Decon Techs
Secondary containment system (inspected by means of alarm L-NC-219C)	Alarm could indicate leak into secondary containment system	Daily when treatment is occurring in booth	Shift Operations/Decon Techs
Liquid abrasive spray glove box (visual): the glove box shell and drain line	Leaks	Daily when glove box is being used for treatment	Shift Operations/Decon Techs
DECON CUBICLES			
Second level corridor, 303, below decon cubicles (visual)	Liquids, which could indicate leaks or deterioration in decon cubicle floor	Daily when cubicles are being used for treatment	Shift Operations/Decon Techs
Drain piping from decon cubicles in second level corridor, 303 (visual)	Liquids, which could indicate leaks or deterioration in piping	Daily when cubicles are being used for treatment	Shift Operations/Decon Techs
Drain piping from decon cubicles in valve pit, 307 (inspected by means of L-NC-219C)	Liquids, which could indicate leaks or deterioration in piping	Daily when cubicles are being used for treatment	Shift Operations/Decon Techs

RCRA INSPECTION INDEX

Insp. Date	Form Number Used and Title	Remedial Actions	Date Completed	Sent to Records (Signature/Date)
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

This data sheet is the current revision date per the current Form Index.

Signature/Date _____

Previous Week's Inspection Checked (Initials): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous week's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table (Initials): _____

Date:	Through	Normal Condition	Off Spec. Condition	Time:	Wed	Thu	Fri	Sat	Sun	Mon	Tue
INTEC Perimeter Fence											
"No Trespassing" signs posted at guard gates and on the fence around INTEC. Signs are visible and legible from at least 25 ft.											
First Level											
Hazardous liquids on floor?											
Phone/paging functional? ⁽¹⁾											
"Danger–Unauthorized Personnel Keep Out" signs posted at doors to process areas? ⁽²⁾											
Second Level Corridors											
Hazardous liquids on floor?											
Hazardous liquids on utility corridor floor?											
Phone/paging functional? ⁽¹⁾											
Third Level Corridors											
Hazardous liquids on floor?											
Phone/paging functional? ⁽¹⁾											
Loading and Unloading Docks											
North Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾											
East Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾											

(1) Check designated phone.
(2) See list on page 2.
(3) This inspection is required daily only when loading/unloading is occurring.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Doors which should be posted with "Danger-Unauthorized Personnel Keep Out" signs:

South side of NWCF:

1. Personnel access door from Acid Recycle Storage Tank Enclosure (Room 443) to outside
2. Vehicle access roll-up door from Decon Vehicle Entry (Room 417) to outside ramp.

West side of NWCF:

1. Personnel access door from Decon Vehicle Entry (Room 417) to outside
2. Personnel access door from Decon Hot Shop (Room 442) to outside.

East side of NWCF:

1. Personnel access door from Emergency Generator Room (432) to outside
2. Personnel emergency exit door from Stair No. 1 to outside
3. Freight roll-up door from elevator to east loading dock
4. Double door from vestibule (Room 431) to each loading dock.

North side of NWCF:

1. Double door from Decon Solution Makeup Room (429) to north loading dock
2. Vehicle access roll-up door from Crane Maintenance Area (Room 428) to north loading dock
3. Personnel access door from Calcium Nitrate Addition Room (427) to north loading dock
4. Freight roll-up door from Calcium Nitrate Addition Room (427) to north loading dock
5. Double door from Decon Exhaust Air Plenum Room (431) to outside ramp
6. Personnel emergency exit door from Corridor 424 to Tank Farm
7. Personnel access door from Equipment Decon Room (418) to Glycol Chiller Units.

Inside NWCF, first level:

1. Personnel access door from Lunchroom to Decon Shift Office (Room 415)
2. Personnel access door from Corridor 441 to Crane Maintenance Area (Room 428)
3. Personnel access door from Corridor 411 to Stair No. 3
4. Personnel access door from Corridor 411 to Decon Area
5. Personnel access door from Corridor 409 to Elevator Entry (Room 430)
6. Personnel access door from Corridor 409 to Stair No. 1.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Fire Systems-MIP Panel No. 10

Event No.	Location	Normal Condition		Off Spec. Condition		Wed	Thu	Fri	Sat	Sun	Mon	Tue
		Off	On	Off	On							
1103604	INTEC-659, Water Flow-400 Level East	Off	Alarm	On	Alarm	Off/On						
1103605	INTEC-659, Water Flow-300 Level East	Off	Alarm	On	Alarm	Off/On						
1103606	INTEC-659, Water Flow-200 Level East	Off	Alarm	On	Alarm	Off/On						
1103607	INTEC-659, Water Flow-Calciner Exhaust Plenum Room 423	Off	Alarm	On	Alarm	Off/On						
1103608	INTEC-659, Water Flow-300 Level West	Off	Alarm	On	Alarm	Off/On						
1103609	INTEC-659, Water Flow-Calciner Supply Plenum Room 601	Off	Alarm	On	Alarm	Off/On						
1103610	INTEC-659, Water Flow-Decon Exhaust Plenum	Off	Alarm	On	Alarm	Off/On						
1103611	INTEC-659, Water Flow-Calciner Exhaust Plenum	Off	Alarm	On	Alarm	Off/On						
1103612	INTEC-659, Heat Detector/Water Flow Decon Cell #308	Off	Alarm	On	Alarm	Off/On						
1103613	INTEC-659, Heat Detector/Water Flow Filter Cell #309	Off	Alarm	On	Alarm	Off/On						
1103614	INTEC-659, Manual Discharge/Water Flow-Calciner Cell	Off	Alarm	On	Alarm	Off/On						
1103615	INTEC-659, Heat Detector-400 Level Calciner Plenum Room 423-North	Off	Alarm	On	Alarm	Off/On						
1103616	INTEC-659, Heat Detector-400 Level Calciner Plenum Room 423-South	Off	Alarm	On	Alarm	Off/On						
1103701	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-North	Off	Alarm	On	Alarm	Off/On						
1103702	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-South	Off	Alarm	On	Alarm	Off/On						
1103703	INTEC-659, Control Panel Alarm Decon and Filter Cell	Off	Alarm	On	Alarm	Off/On						
1103704	INTEC-659, Manual Fire Alarm-400 Level North Area	Off	Alarm	On	Alarm	Off/On						
1103705	INTEC-659, Manual Fire Alarm-400 Level South Area	Off	Alarm	On	Alarm	Off/On						
1103706	INTEC-659, Manual Fire Alarm-300 Level West Area	Off	Alarm	On	Alarm	Off/On						
1103707	INTEC-659, Manual Fire Alarm-200 Level South Area	Off	Alarm	On	Alarm	Off/On						
1103708	INTEC-659, Smoke Detector/Halon System Discharge-400 Level-Control Room	Off	Alarm	On	Alarm	Off/On						
1103709	INTEC-659, Smoke Detector/Manual Fire Alarm	Off	Alarm	On	Alarm	Off/On						
1103714	Butterfly Valve FWV-NCM-15-Room 433-Sprinkler System Isolation	Off	Alarm	On	Alarm	Off/On						
1103715	Butterfly Valve FWV-NCM-14-Room 432-Sprinkler System Isolation	Off	Alarm	On	Alarm	Off/On						
1103716	OS&Y Valve FWV-NCO-8-Corridor 318-Sprinkler System Isolation	Off	Alarm	On	Alarm	Off/On						
1103801	OS&Y Valve FWV-NCO-12-Corridor 318-Sprinkler System	Off	Alarm	On	Alarm	Off/On						

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Fire Systems-MIP Panel No. 10 (cont.)

Event No.	Location	Normal Condition		Off Spec. Condition		Wed	Thu	Fri	Sat	Sun	Mon	Tue
		Off	On	Off	On							
1103802	PIVS FWV-UTI-6505 and FWV-JUTI-6507-West of INTEC-659-Sprinkler System Isolation-Tank Farm	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103803	Butterfly Valve FWV-NCD-16–Corridor 303–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103804	OS&Y Valve FWV-NCC-5–Calciner Plenum Room 423–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103805	Butterfly Valve FWV-NCC-1–Calciner Plenum Room 423–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103806	Butterfly Valve FWV-NCD-13–Corridor 303–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103807	Butterfly Valves FWV-NCD-19 and FWV-NCD-20–Corridor 303–Filter Handling/Decon Cells Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103810	PIV FWV-UTI-6513–East of INTEC-659–Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103811	INTEC-659, Smoke Detector-400 Level	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103812	Fire Alarm Control Panel–Control Room	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103815	INTEC-659, Manual Fire Alarm Acid Recycle Exit Door	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103901	INTEC-694, Foam System–Solvent Storage Tanks	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103902	INTEC-1607, Water Flow	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103909	Butterfly Valves FWV-NCD-24 and FWV-NCD-25–Decon Plenum Room 426–Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103910	Butterfly Valves FWV-NCC-14 and FWV-NCC-15–Calciner Plenum Room 423–Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103911	Butterfly Valve FWV-NCO-10–Corridor 318–Calciner Cell Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103912	INTEC-659, Manual Fire Alarm-400 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103913	INTEC-659, Manual Fire Alarm-300 Level East/North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103914	Control Panel Trouble–Calcine Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103915	Control Panel Trouble–Decon/Filter Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Area/Item	Normal Condition	Off Spec. Condition					Wed	Thu	Fri	Sat	Sun	Mon	Tue
		Mon	Tue	Wed	Thu	Fri							
Calciner Cell													
New leaks observed in cell? ^{(4) (6) (8)}	No	Yes	No/Yes										
NCC-105–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
NCC-107–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes										
Off-Gas Cell													
New leaks observed in cell? ^{(5) (7)}	No	Yes	No/Yes										
Tanks or piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes										
Filter Cell and Valve Cubicle													
New leaks observed in cell? ^{(9) (10) (11)}	No	Yes	No/Yes										
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes										
Liquid Sample Cell													
New leaks observed in cell? ⁽¹³⁾	No	Yes	No/Yes										
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes										
Flowmeter Cubicle													
New leaks observed in cell? ⁽¹²⁾	No	Yes	No/Yes										
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes										
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes										

Footnotes 4 through 13 are items that have been previously identified. The operation of the Calciner process has been terminated; do not re-report these items unless new leaks are observed.

4. Leak located on the upper flange to HV-107-2 on the fines column. Leak is occasional. Only seen during blasting of column. Identified on May 4, 1999.
5. Leak located on HV109-1C in the Off-Gas Cell. Leak is occasional – when P105-1C ~25" W/C vacuum. Leak stopped when vacuum was increased approximately 20 minutes later. Identified on August 19, 1999.
6. Leak located in the Calciner Cell; leak was observed after acid was added to NCC-105. Estimated leak rate is ~3 drips per minute. Component leaking is unknown. Identified on February 16, 2000.
7. Leak located on PSS-208-2-1 in the Off-Gas Cell. Component does not appear to be leaking at this time, however there are signs of prior leakage (stalactite). Identified on March 22, 2000.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

8. Leak located high in the Calciner Cell from the fines column. Observed 7 or 8 nickel-size chunks blown to the floor when blasting using HAAF-110419. Identified on May 4, 1999.
9. HV 102-3. No evidence of leak but leak was identified in the past. See Form INTEC-4004 dated April 3, 2002.
10. HV 103-4. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
11. LV 101-1. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
12. #1 Flow-meter. Evidence of leak on floor. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
13. Liquid Sample Cell. Evidence of leakage. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
14. The areas of the floor that are visible from the shielding windows are inspected. The entire floor is inspected only when a cell entry is made.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Vessel	Instrument	Normal Range	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Tank Farm Encasement	LSH-102-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-101 Volume	VOL101C	0–4,950 gal	>4,950 gal							
VES-NCC-102 Volume	VOL102C	0–3,460 gal	>3,460 gal							
VES-NCC-103 Volume	VOL103C	0–3,460 gal	>3,460 gal							
VES-NCC-104 Volume	VOL104C	0–68 gal	>68 gal							
Air Lift Pit Sump (Local)	LI-552-1	0–8 in.	>8 in.							
Blend and Hold Cell Drain	L-215C	Off Alarm	On Alarm	Off/On						
VES-NCC-108 Volume	VOL108C	0–1,700 gal	>1,700 gal							
Off-Gas Cell Drain	L-207C	Off Alarm	On Alarm	Off/On						
Absorber Cell Drain Line	L-206C	Off Alarm	On Alarm	Off/On						
Decon Holdup Collection Tank Cell Drain	L-219C	Off Alarm	On Alarm	Off/On						
VES-NCC-119 Volume	VOL119C	0–5,000 gal	>5,000 gal							
VES-NCC-122 Volume	VOL122C	0–3,800 gal	>3,800 gal							
Hot Sump Tank Cell Sump (Local)	LI-551-1	0–10 in.	>10 in.							
VES-NCR-171	L171-1C	0–109.5 in. WC	>109.5 in. WC							
Acid Recycle Sump	L174-1C	0–4 in. WC	>4 in. WC							
LET&D to Acid Recycle Leak Detection	MJAH-174-1C	Off Alarm	On Alarm	Off/On						
VES-NCR-171 to Valve Box Leak Detection	MJAH-174-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-150 Volume	Q150-1C	0–2,500 gal	>2,500 gal							
VES-NCC-152 Volume	Q152-1C	0–170 gal	>170 gal							

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Record the following information for leaks of hazardous materials from NWCF systems.

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Day	Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date	Nature of Any Repairs or Other Remedial Actions	Repairs/Remedial Actions Completed or Not Required Supervision Signature/Date
Wed					
Thu					
Fri					
Sat					
Sun					
Mon					
Tue					

Form Review	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Supervision Initials:							

Comments:

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

**RCRA HLW MONTHLY VOICE
PAGING/EVACUATION SYSTEM INSPECTIONS**

Previous Inspection for this Facility Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedial Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Facility⁽¹⁾: _____

Inspection Performed: Voice Paging/Evacuation System Operational Yes/No⁽¹⁾⁽²⁾

NOTE: *The Voice Paging System and the Evacuation System use the same speakers.*

⁽¹⁾ Areas that need to be inspected are:

Facility	Areas to Check
NWCF	All levels in the facility (including the Decon area)
Waste Side	Tank Farm, INTEC-604, LET&D, INTEC-641, INTEC-1683

⁽²⁾ Although individual speakers may not be inspected, any speaker found not to be operating properly must be listed in the "Remedial Action" table below.

List items not operating properly (if any):

Item Not Operating Properly	Nature of any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions

Comments: _____

**RCRA HLW MONTHLY VOICE
PAGING/EVACUATION SYSTEM INSPECTIONS**

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or NOT Required;
Shift Supervisor's Signature: _____

RCRA HLW CELL INSPECTIONS

Previous Inspection Checked

(Initial): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table.
(Initials): _____

Facility: _____

Cell Inspected: _____

An inspection of the area will be conducted when the cell must be entered and repeated at least weekly for prolonged activities.

Equipment/Area Inspected	Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Sump	Erosion, cracks, debris, settling, spills			
Sump jet	Steam leaks, debris			
Concrete floor (stainless lined)	Cracks, gaps, deterioration, uneven settling, spills			
Concrete walls (stainless lined)	Cracks, gaps, deterioration, settlement			
Concrete floor (epoxy painted)	Cracks, gaps, deterioration, uneven settling, spills, paint			
Concrete walls ⁽¹⁾	Cracks, deterioration, settlement, paint			
Tank exteriors	Corrosion, erosion, leaks, cracks, gaps, discoloration, buckles, bulges			
Piping	Corrosion, erosion, leaks, cracks, gaps, loose or corroded connections			
Valves	Leaks (internal and external), corrosion			
Cell door	Deterioration, corrosion, will not close			
Pumps (if any)	Corrosion, erosion, leaks, deterioration, loose connections			
Filter unit exterior	Deterioration, corrosion, bulges, buckles, leaks			
Used HEPA filters	Corrosion, deterioration			

- (1) The WL-161, Condensate, and Pump Pit Cells at INTEC-604 are known to have defects in the concrete walls above the stainless-steel liner. When these cells are inspected, compare the photos located in an album in the Waste Processing control room to the current condition. If no change is noted, write NO CHANGE in the Observations section. No remedial actions will be necessary. If additional deterioration is noted, write this observation down and forward to the facility support engineer for further evaluation. Remedial action for this observation will be evaluated and repairs completed, if warranted.

RCRA HLW CELL INSPECTIONS

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required; Shift Supervisor's Signature: _____

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Signature/Date

Previous Month's Inspection Checked (Initials): _____ Date: _____ Time: _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous month's form, the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

CSSF Fire Extinguishers

Check for accessibility, damage, seal, and gauge indication in green (if equipped).

Item	Location	Requirements Met		Problem(s) Found
1	SS I, Instrument Bldg.	Yes	No	
2	SS II, Instrument Bldg.	Yes	No	
3	SS III, Instrument Bldg.	Yes	No	
4	SS IV, Instrument Bldg.	Yes	No	
5	SS V, Roof	Yes	No	
6	SS VI, Instrument Room	Yes	No	
7	SS VI, Roof	Yes	No	

NWCF Fire Extinguishers

Check for accessibility, damage, seal, and gauge indication in green (if equipped).

Item	Location	Requirements Met		Problem(s) Found
9	Room 503 West wall	Yes	No	
10	Corridor 501 North wall	Yes	No	
11	Room 417 East wall	Yes	No	
12	Room 415 North wall	Yes	No	
13	Room 418 Southwest wall	Yes	No	
14	Room 418 North wall	Yes	No	
15	Room 442 Northeast wall	Yes	No	
16	Room 442 South wall	Yes	No	
17	Room 423 East wall	Yes	No	
18	Corridor 424 East wall	Yes	No	
19	Room 601 East wall	Yes	No	
20	Room 426 West wall	Yes	No	
21	Room 427 West wall (outside dock)	Yes	No	
22	Room 427 Southwest wall	Yes	No	
23	Room 428 East wall	Yes	No	
24	Room 428 North corner	Yes	No	
25	Room 430 North wall	Yes	No	
26	Room 432 Northwest wall (there are 2 at this location)	Yes	No	
27	Corridor 409 South wall	Yes	No	
28	Room 433 West wall	Yes	No	
29	Room 438 East wall	Yes	No	
30	Room 438 Southwest wall	Yes	No	
31	Room 439 South wall	Yes	No	

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Item	Location	Requirements Met		Problem(s) Found
32	Corridor 401 East wall	Yes	No	
33	Corridor 441 North wall	Yes	No	
34	Room 411 West wall	Yes	No	
35	Room 318 Southeast wall	Yes	No	
36	Room 318 West wall	Yes	No	
37	Room 303 Southwest wall	Yes	No	
38	Room 303 West wall	Yes	No	
39	Room 303 Northeast wall	Yes	No	
40	Room 311 Northeast wall	Yes	No	
41	Room 311 Northwest wall	Yes	No	
42	Room 312 South wall	Yes	No	
43	Room 317 North wall	Yes	No	
44	Room 201 South wall	Yes	No	
45	Room 201 Southwest wall	Yes	No	
46	Room 209 East wall	Yes	No	
47	Room 211 East wall	Yes	No	
48	Room 211 West wall	Yes	No	
49	Room 212 Northeast wall	Yes	No	
50	Room 212 Northwest wall	Yes	No	
51	Room 217 Northeast wall	Yes	No	

NWCF Fire Hose Connection Stations

Check for accessibility and leakage.

Item	Location	Requirements Met		Problem(s) Found
1	Room 409 South wall	Yes	No	
2	Room 424 East wall	Yes	No	
3	Room 428 Northwest wall	Yes	No	
4	Room 428 East wall	Yes	No	
5	Room 418 Northwest wall	Yes	No	
6	Room 411 West wall	Yes	No	
7	Room 318 Northwest wall	Yes	No	
8	Room 312 Southeast wall	Yes	No	
9	Room 311 Northeast wall	Yes	No	
10	Room 311 Northwest wall	Yes	No	
11	Room 303 West wall	Yes	No	
12	Room 201 West wall	Yes	No	
13	Room 211 East wall	Yes	No	
14	Room 212 Northeast wall	Yes	No	
15	Room 212 Northwest wall	Yes	No	

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Safety Showers/Eyewash Fountains

Check for leaks, accessibility, supply valve open, and that PM tag is current.

Level	Location	Equipment No.	Requirements Met?	Problem(s) Found
First	Room 415	SSW-NWCF-2 EFN-NWCF-2	Yes/No	
	Room 501	SSW-NWCF-3 EFN-NWCF-3	Yes/No	
	Room 418	SSW-NWCF-5 EFN-NWCF-5	Yes/No	
	Room 442	SSW-NWCF-13 EFN-NWCF-13	Yes/No	
	Room 427	SSW-NWCF-10 EFN-NWCF-10	Yes/No	
	Room 431	SSW-NWCF-14 EFN-NWCF-14	Yes/No	
	Room 429	SSW-NWCF-1 EFN-NWCF-1	Yes/No	
		SSW-NWCF-11 EFN-NWCF-11	Yes/No	
Second	Room 318	SSW-NWCF-7 EFN-NWCF-7	Yes/No	
	Room 303	SSW-NWCF-6 EFN-NWCF-6	Yes/No	
	Room 312	SSW-NWCF-0 EFN-NWCF-0	Yes/No	
Third	Room 201	SSW-NWCF-8 EFN-NWCF-8	Yes/No	
	Room 211	SSW-NWCF-9 EFN-NWCF-9	Yes/No	

Stretchers

Level	Location	Stretcher in Location?	Problem(s) Found
First	Room 409 – North wall	Yes/No	
	Room 411 – Northwest wall	Yes/No	
	Room 430 – South wall	Yes/No	
Second	Room 317 – South wall	Yes/No	
Third	Room 209 – South wall	Yes/No	

RCRA NWCF/CSSF MONTHLY EMERGENCY EQUIPMENT AND VALVE PL-122-5 CHECKS

Spill Control Cabinets

Place "√" if minimum quantity (or greater) is present. Notify supervision of any usage so that cabinet can be restocked. If seal no. is the same and the seal has not been broken, an inventory need not be taken.

Item	Minimum Quantity Required	Room 415	Room 431	Room 317	Room 303	Room 209
Non-rad acid suits (green) (1) (These are reusable)	6 pair					
Acid Boots (1)	6 pair (2 pair, size 15)					
Rad Acid Suits (1)	6					
Acid Gloves (neoprene) (1)	12 pair					
Splash Goggles	4					
Plastic Buckets	2					
Spill Control Pillows	24					
Hazardous Material Pigs	12					
Hazardous Material Bags (1)	12					
Mop Handles	1					
Mop Heads	3					
Safety Rope	25 ft					
Signs (5 total)	4 "Danger-Acid Spill" 1 "Chemical Spill"					
pH Paper	2 boxes					
Duct Tape (white) (1)	2 rolls					
Shovel (flat head)	1					
Smear Paper and Envelopes	1 box					
Pencils, Grease Pencils	2 each					
Radiological Tags, Signs	5 each					
Acid Neutralizer	5 gallon bucket					
Caustic Neutralizer	5 gallon bucket					
Radiation Rope or Ribbon	25 feet					
Previous Inspections Seal Number for Cabinet						
Seal Number for Cabinet						

(1) Replace these items every January and July.

Equipment/Item Inspected	Types of Problems/Inspection Items	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
Safety showers/ eyewashes	Leaks, accessibility, supply valve open, PM tag current			
Spill control cabinets	Equipment inventory			

Valve Number	Normal Condition	Off Spec. Condition	Observations	Nature of Any Repairs or Other Remedial Actions	Completion Date for Repairs/Remedial Actions
PL-122-5	Closed	Open	Closed/Open		

**RCRA NWCF/CSSF MONTHLY EMERGENCY
EQUIPMENT AND VALVE PL-122-5 CHECKS**

Item No.	Action(s) Taken to Correct Problem(s) Found	Action Date	Completion Date

Comments: _____

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

Inspector's Name (Print): _____

Inspector's Signature: _____

Inspection Completed; Shift Supervisor's Signature: _____

Remedial Actions Completed or Not Required;
Shift Supervisor's Signature: _____

RCRA DECON FACILITY DAILY INSPECTIONS

Previous Week's Inspection Checked (Initials): _____

The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous week's form,
the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table. (Initials): _____

Date: _____ Through _____

Level Recorders		Time:							
Instrument	Normal Range	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
LR-123-1 ⁽¹⁾	Operating (Yes)	Not Operating (No)	Yes/No						
LR-129-1 ⁽¹⁾	Operating (Yes)	Not Operating (No)	Yes/No						

(1) Check level recorder to ensure that the recorder contains chart paper, the chart motor is working, and the chart pens contain ink.

Hold-Up Tank, Collection Tank, and HEPA Filter Leach System

Vessel	Instrument	Normal Range	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
VES-NCD-123 ⁽²⁾	LR-123-1	0 to 65%	>65%							
VES-NCD-129 ⁽²⁾	LR-129-1	0 to 65%	>65%							
VES-NCD-123 ⁽²⁾	PI-123-1	15 to 60% of chart	<15 or >60% of chart							
VES-NCD-129 ⁽²⁾	PI-129-1	15 to 60% of chart	<15 or >60% of chart							
VES-NCD-141 ⁽³⁾	LSH-141-2	OFF (Yes)	HH Indicator (No)	Yes/No/NA						
VES-NCD-142 ⁽³⁾	TIC-142-3	≤350°F (Yes)	>350°F (No)	Yes/No/NA						

NOTE: 15 to 60% of chart is equal to 3 to 12 inches of WC Vacuum for PI-123-1 and PI-129-1.

(2) Enter the instrument reading in the appropriate section of the table.

(3) Inspections are required daily when waste is being treated in the HEPA Filter Leach System.

Filter Handling/Decon Cell	Normal Condition	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hazardous liquids on floor/in drain trenches?	No	Yes	No/Yes						
Cell leaks visible?	No	Yes	No/Yes						
Deterioration visible? ⁽⁴⁾	No	Yes	No/Yes						

(4) Inspect floors and tank systems (including overflow and drain lines) visible through shield window for cracks, gaps, corrosion, and external deterioration.

RCRA DECON FACILITY DAILY INSPECTIONS

Sink Hood Area		Normal Condition	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
SH-NCD-933, SH-NCD-934 and UC-NCD-921	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Hazardous Liquids on floor?										
Leaks visible?	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes
Deterioration visible? ⁽⁵⁾	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes

(5) Inspect floors and tank systems (including overflow and drain lines) for cracks, gaps, corrosion, and external deterioration.

Soak Tank Treatment Units

TK-NCD-136⁽⁷⁾		Normal Condition	Off Spec. Condition	Tank Not in Use⁽⁷⁾	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hazardous liquids on floor?	No	Yes	NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA
Leaks visible?	No	Yes	NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA
Deterioration visible? ⁽⁶⁾	No	Yes	NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA

TK-NCO-137⁽⁷⁾

TK-NCO-137⁽⁷⁾	No	Yes	NA	No/Yes/NA							
Hazardous liquids on floor?	No	Yes	NA	No/Yes/NA							
Leaks visible?	No	Yes	NA	No/Yes/NA							

TK-NCD-138⁽⁷⁾

TK-NCD-138⁽⁷⁾	No	Yes	NA	No/Yes/NA							
Hazardous liquids on floor?	No	Yes	NA	No/Yes/NA							
Leaks visible?	No	Yes	NA	No/Yes/NA							

(6) Inspect floors and tank systems (including overflow, drain lines and trenches) visible through window for cracks, gaps, corrosion, and external deterioration

(7) Soak tanks are to be inspected daily when in use and weekly when not in use.

RCRA DECON FACILITY DAILY INSPECTIONS

Steam Booth/Glovebox Area

Area/Item	Normal Condition	Off Spec. Condition	Area Not in Use ⁽⁸⁾	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Stainless steel floor between the Glovebox and the booth wall ⁽⁸⁾	No leaks, cracks, gaps, deterioration or spills (No)	Leaks, cracks, gaps, deterioration or spills (Yes)	NA	No/Yes/NA	No/Yes	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA
Steam Booth Floor ⁽⁸⁾	No leaks, cracks, gaps, deterioration or spills (No)	Leaks, cracks, gaps, deterioration or spills (Yes)	NA	No/Yes/NA	No/Yes	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA
Glovebox Shell ⁽⁸⁾	No leaks, cracks, gaps, deterioration or spills (No)	Leaks, cracks, gaps, deterioration or spills (Yes)	NA	No/Yes/NA	No/Yes	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA

(8) Inspections are required daily when waste is being treated in the Steam Booth/Glovebox Area and weekly when not in use.

Area/Item	Normal Condition	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Second level corridor, 303, drain piping below Decon Cubicles ⁽⁹⁾	No leaks, spills (No)	Leaks, spills (Yes)	No/Yes/NA						
Verify control panel CP-NCD-989 alarms ⁽¹⁰⁾	Alarms activate (Yes)	Alarms don't activate (No)	Yes/No						

(9) To be inspected daily when cubicles are in use. Circle NA if cubicles are not in use.

(10) CP-NCD-989 alarms also activate DCS alarms in NWCF control room.

Area/Item	Normal Condition	Off Spec. Condition	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Telephone in Chemical Mezzanine	Telephone works (Yes)	Telephone does not work (No)	Yes/No						
Designated telephone on first level in Decon Facility	Telephone works (Yes)	Telephone does not work (No)	Yes/No						
Designated telephone on the second level in the Decon Facility	Telephone works (Yes)	Telephone does not work (No)	Yes/No						

Decon Facility Loading And Unloading Area (RM. 417-Vehicle Entry)

Presence of hazardous solid or liquid waste spills? ⁽¹¹⁾	No	Yes	No/Yes/NA						

(11) This inspection is required daily only when loading/unloading is occurring. Circle NA if loading/unloading is not occurring.

Form Review	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Supervision initials:							

RCRA DECON FACILITY DAILY INSPECTIONS

Day	Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date	Nature of Any Repairs or Other Remedial Actions	Repairs/Remedial Actions Complete or Not Required Supervision/Date
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Comments:

Open RCRA Remedials on this form:			
Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

**Appendix F-4. Inspection/Monitoring Schedule and Forms for
VES-NCD-123 and VES-NCD-129**

Inspection/Monitoring Schedule for VES-NCD-123 and VES-NCD-129

Equipment Inspected/Monitored	Types of Problems or Observations	Frequency	Inspecting Organization
VES-NCD-123 and -129 instruments	Level checks. Unexpected increases in level in -123 could indicate spills or leaks from ultrasonic cleaner (UC-NCD-921) or from sinks (SH-NCD-933 and -934). Unexpected increases in -123 or -129 could indicate leaks from HFLS tanks.	Daily. Level is also checked before debris treatment that will generate liquids to be drained to -123 or -129	Shift Operations/Decon Techs
VES-NCD-123, floor, trench (visually in tank cell)	Leaks or deterioration	During maintenance or repair in cell	Shift Operations/Decon Techs Plant Maintenance
VES-NCD-129 (including overflow line to VES-NCD-123), floor, trench (visually in tank cell)	Leaks or deterioration	During maintenance or repair in cell	Shift Operations/Decon Techs Plant Maintenance
Pumps P-NCD-223 and -229 (visually in the pump cell, room 203)	Leaks or deterioration	During maintenance or repair in cell	Shift Operations/Decon Techs Plant Maintenance
VES-NCD-123 and -129 and P-NCD-223 and -229 (inspected by means of L-NC-219C alarm)	Alarm could indicate leaking of VES-NCD-123 or -129, or pump P-NCD-223 or -229	Daily when waste is in the tanks or waste is being treated in the decon area (residuals of which are bound for -123 or -129)	Shift Operations/Decon Techs

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Previous Week's Inspection Checked (Initials): _____

**The Open RCRA Remedials Tracking Book Index for this form has been compared to the previous week's form,
the index has been updated, and the current open RCRA Remedials have been recorded on the tracking table (Initials):** _____

Date:	Through	Normal Condition		Off Spec. Condition	Time: Wed	Thu	Fri	Sat	Sun	Mon	Tue		
INTEC Perimeter Fence													
"No Trespassing" signs posted at guard gates and on the fence around INTEC. Signs are visible and legible from at least 25 ft.													
First Level		No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes		
Hazardous liquids on floor?		No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes		
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
"Danger-Unauthorized Personnel Keep Out" signs posted at doors to process areas? ⁽²⁾	Yes	No	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Second Level Corridors													
Hazardous liquids on floor?	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes		
Hazardous liquids on utility corridor floor?	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes		
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
Third Level Corridors													
Hazardous liquids on floor?	No	Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes	No/Yes		
Phone/paging functional? ⁽¹⁾	Yes	No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No		
Loading and Unloading Docks													
North Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾	No	Yes	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA		
East Dock: Presence of hazardous solid or liquid waste spills? ⁽³⁾	No	Yes	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA	No/Yes/NA		

(1) Check designated phone.

(2) See list on page 2.

(3) This inspection is required daily only when loading/unloading is occurring.

Doors which should be posted with "Danger-Unauthorized Personnel Keep Out" signs:

South side of NWCF:

1. Personnel access door from Acid Recycle Storage Tank Enclosure (Room 443) to outside
2. Vehicle access roll-up door from Decon Vehicle Entry (Room 417) to outside ramp.

West side of NWCF:

1. Personnel access door from Decon Vehicle Entry (Room 417) to outside
2. Personnel access door from Decon Hot Shop (Room 442) to outside.

East side of NWCF:

1. Personnel access door from Emergency Generator Room (432) to outside
2. Personnel emergency exit door from Stair No. 1 to outside
3. Freight roll-up door from elevator to east loading dock
4. Double door from vestibule (Room 431) to each loading dock.

North side of NWCF:

1. Double door from Decon Solution Makeup Room (429) to north loading dock
2. Vehicle access roll-up door from Crane Maintenance Area (Room 428) to north loading dock
3. Personnel access door from Calcium Nitrate Addition Room (427) to north loading dock
4. Freight roll-up door from Calcium Nitrate Addition Room (427) to north loading dock
5. Double door from Decon Exhaust Air Plenum Room (431) to outside ramp
6. Personnel emergency exit door from Corridor 424 to Tank Farm
7. Personnel access door from Equipment Decon Room (418) to Glycol Chiller Units.

Inside NWCF, first level:

1. Personnel access door from Lunchroom to Decon Shift Office (Room 415)
2. Personnel access door from Corridor 441 to Crane Maintenance Area (Room 428)
3. Personnel access door from Corridor 411 to Stair No. 3
4. Personnel access door from Corridor 411 to Decon Area
5. Personnel access door from Corridor 409 to Elevator Entry (Room 430)
6. Personnel access door from Corridor 409 to Stair No. 1.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Fire Systems-MIP Panel No. 10

Event No.	Location	Normal Condition	Off Spec. Condition	Weekdays					Weekends		Tue
				Wed	Thu	Fri	Sat	Sun	Mon		
1103604	INTEC-659, Water Flow-400 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103605	INTEC-659, Water Flow-300 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103606	INTEC-659, Water Flow-200 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103607	INTEC-659, Water Flow-Calciner Exhaust Plenum Room 423	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103608	INTEC-659, Water Flow-300 Level West	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103609	INTEC-659, Water Flow-Calciner Supply Plenum Room 601	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103610	INTEC-659, Water Flow-Decon Exhaust Plenum	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103611	INTEC-659, Water Flow-Calciner Exhaust Plenum	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103612	INTEC-659, Heat Detector/Water Flow Decon Cell #308	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103613	INTEC-659, Heat Detector/Water Flow Filter Cell #309	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103614	INTEC-659, Manual Discharge/Water Flow-Calciner Cell	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103615	INTEC-659, Heat Detector-400 Level Calciner Plenum Room 423-North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103616	INTEC-659,Heat Detector-400 Level Calciner Plenum Room 423-South	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103701	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103702	INTEC-659, Heat Detector-400 Level Decon Plenum Room 426-South	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103703	INTEC-659, Control Panel Alarm Decon and Filter Cell	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103704	INTEC-659, Manual Fire Alarm-400 Level North Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103705	INTEC-659, Manual Fire Alarm-400 Level South Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103706	INTEC-659, Manual Fire Alarm-300 Level West Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103707	INTEC-659, Manual Fire Alarm-200 Level South Area	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103708	INTEC-659, Smoke Detector/Halon System Discharge-400 Level-Control Room	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103709	INTEC-659, Smoke Detector/Manual Fire Alarm	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103714	Butterfly Valve FWV-NCM-15-Room 433-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103715	Butterfly Valve FWV-NCM-14-Room 432-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103716	OS&Y Valve FWV-NCO-8-Corridor 318-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103801	OS&Y Valve FWV-NCO-12-Corridor 318-Sprinkler System	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Fire Systems-MIP Panel No. 10 (cont.)

Event No.	Location	Normal Condition	Off Spec. Condition	Weekend					Mon	Tue
				Wed	Thu	Fri	Sat	Sun		
1103802	PIVs FWV-UTI-6505 and FWV-UTI-6507-West of INTEC-659-Sprinkler System Isolation-Tank Farm	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103803	Butterfly Valve FWV-NCD-16-Corridor 303-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103804	OS&Y Valve FWV-NCC-5-Calciner Plenum Room 423-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103805	Butterfly Valve FWV-NCC-1-Calciner Plenum Room 423-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103806	Butterfly Valve FWV-NCD-13-Corridor 303-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103807	Butterfly Valves FWV-NCD-19 and FWV-NCD-20-Corridor 303-Filter Handling/Decon Cells Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103810	PIV FWV-UTI-6513-East of INTEC-659-Sprinkler System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103811	INTEC-659, Smoke Detector-400 Level	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103812	Fire Alarm Control Panel-Control Room	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103815	INTEC-659, Manual Fire Alarm-Acid Recycle Exit Door	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103901	INTEC-694, Foam System-Solvent Storage Tanks	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103902	INTEC-1607, Water Flow	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103909	Butterfly Valves FWV-NCD-24 and FWV-NCD-25-Decon Plenum Room 426-Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103910	Butterfly Valves FWV-NCC-14 and FWV-NCC-15-Calciner Plenum Room 423-Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103911	Butterfly Valve FWV-NCO-10-Corridor 318-Calciner Cell Deluge System Isolation	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103912	INTEC-659, Manual Fire Alarm-400 Level East	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103913	INTEC-659, Manual Fire Alarm-300 Level East/North	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103914	Control Panel Trouble-Calcine Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On
1103915	Control Panel Trouble-Decon/Filter Cell Panel	Off Alarm	On Alarm	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On	Off/On

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Area/Item	Normal Condition	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Calciner Cell									
New leaks observed in cell? ^{(4) (6) (8)}	No	Yes	No/Yes						
NCC-105–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
NCC-107–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Off-Gas Cell

New leaks observed in cell? ^{(5) (7)}	No	Yes	No/Yes						
Tanks or piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Filter Cell and Valve Cubicle

New leaks observed in cell? ^{(9) (10) (11)}	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Liquid Sample Cell

New leaks observed in cell? ⁽¹³⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Flowmeter Cubicle

New leaks observed in cell? ⁽¹²⁾	No	Yes	No/Yes						
Piping–New cracks, gaps, or deterioration visible?	No	Yes	No/Yes						
Floor–New cracks, gaps, or deterioration visible? ⁽¹⁴⁾	No	Yes	No/Yes						

Footnotes 4 through 13 are items that have been previously identified. The operation of the Calciner process has been terminated; do not re-report these items unless new leaks are observed.

4. Leak located on the upper flange to HV-107-2 on the fines column. Leak is occasional. Only seen during blasting of column. Identified on May 4, 1999.
5. Leak located on HV109-1C in the Off-Gas Cell. Leak is occasional – when P105-1C ~25° WC vacuum. Leak stopped when vacuum was increased approximately 20 minutes later. Identified on August 19, 1999.
6. Leak located in the Calciner Cell; leak was observed after acid was added to NCC-105. Estimated leak rate is ~3 drips per minute. Component leaking is unknown. Identified on February 16, 2000.
7. Leak located on PSS-208-2-1 in the Off-Gas Cell. Component does not appear to be leaking at this time, however there are signs of prior leakage (stalactite). Identified on March 22, 2000.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

8. Leak located high in the Calciner Cell from the fines column. Observed 7 or 8 nickel-size chunks blown to the floor when blasting using HAAF-110419. Identified on May 4, 1999.
9. HV 102-3. No evidence of leak but leak was identified in the past. See Form INTEC-4004 dated April 3, 2002.
10. HV 103-4. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
11. LV 101-1. Evidence of leak on valve. See Form INTEC-4004 dated April 3, 2002.
12. #1 Flow-meter. Evidence of leak on floor. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
13. Liquid Sample Cell. Evidence of leakage. Component leaking is unknown. See Form INTEC-4004 dated April 3, 2002.
14. The areas of the floor that are visible from the shielding windows are inspected. The entire floor is inspected only when a cell entry is made.

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Vessel	Instrument	Normal Range	Off Spec. Condition	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Tank Farm Encasement	LSH-102-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-101 Volume	VOL101C	0–4,950 gal	>4,950 gal							
VES-NCC-102 Volume	VOL102C	0–3,460 gal	>3,460 gal							
VES-NCC-103 Volume	VOL103C	0–3,460 gal	>3,460 gal							
VES-NCC-104 Volume	VOL104C	0–68 gal	>68 gal							
Air Lift Pit Sump (Local)	LI-552-1	0–8 in.	>8 in.							
Blend and Hold Cell Drain	L-215C	Off Alarm	On Alarm	Off/On						
VES-NCC-108 Volume	VOL108C	0–1,700 gal	>1,700 gal							
Off-Gas Cell Drain	L-207C	Off Alarm	On Alarm	Off/On						
Absorber Cell Drain Line	L-206C	Off Alarm	On Alarm	Off/On						
Decon Holdup Collection Tank Cell Drain	L-219C	Off Alarm	On Alarm	Off/On						
VES-NCC-119 Volume	VOL119C	0–5,000 gal	>5,000 gal							
VES-NCC-122 Volume	VOL122C	0–3,800 gal	>3,800 gal							
Hot Sump Tank Cell Sump (Local)	LI-551-1	0–10 in.	>10 in.							
VES-NCR-171	L171-1C	0–109.5 in. WC	>109.5 in. WC							
Acid Recycle Sump	L174-1C	0–4 in. WC	>4 in. WC							
LET&D to Acid Recycle Leak Detection	MJAH-174-1C	Off Alarm	On Alarm	Off/On						
VES-NCR-171 to Valve Box Leak Detection	MJAH-174-2C	Off Alarm	On Alarm	Off/On						
VES-NCC-150 Volume	Q150-1C	0–2,500 gal	>2,500 gal							
VES-NCC-152 Volume	Q152-1C	0–170 gal	>170 gal							

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Record the following information for leaks of hazardous materials from NWCF systems:

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

Date/time of leak discovery	
Location of leak: System/Cell	
Component leaking (valve, fitting, etc.)	
Estimated leak volume or rate	
Continuous or occasional leak?	
If occasional, when does leak occur?	
Comments:	

RCRA NWCF TANK LEAK AND OVERFILL DAILY FACILITY INSPECTIONS

Day	Inspector's Name (Print)	Inspector's Signature	Inspection Completed Date	Nature of Any Repairs or Other Remedial Actions	Repairs/Remedial Actions Completed or Not Required Supervision Signature/Date
Wed					
Thu					
Fri					
Sat					
Sun					
Mon					
Tue					

Form Review	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Supervision Initials:							

Comments:

Open RCRA Remedials on this form:

Footnote Letter	Tracking Number	Date Remedial was Identified	Deficiency Description/Comments

**Appendix F-5. Inspection Schedule and Examples of Forms for
RMWSF and HCRWSF Container Storage**

Inspection Schedule for the RMWSF and HCRWSF

Equipment Inspected	Types of Problems or Observations	Frequency	Inspecting Organization
<u>CONTAINER STORAGE INSPECTIONS</u>			
Containers	Physical Damage, Deterioration, Discoloration, Leaks	Weekly	Facility Operator
Loading/Unloading Operations	Inspect loading and unloading areas for leaks or spills	Daily when in use	Facility Operator
<u>FIRE PROTECTION SYSTEM INSPECTIONS</u>			
Portable Fire Extinguishers	Physical Damage, Charge, Accessibility and Sealed	Monthly	Facility Operator
<u>EMERGENCY EQUIPMENT INSPECTIONS</u>			
Safety Showers and Eye washes	Supply Valve is Open, Accessibility, Check for Leaks	Weekly	Facility Operator
Spill Control Cabinets	Broken Seals, Inventory Equipment	Monthly	Facility Operator
Plant Voice Paging and Evacuation Alarm System	Operation, Coverage	Monthly	Plant Utilities/ Facility Operator
Telephones	Operation at Each Building	Weekly	Facility Operator
<u>SECURITY INSPECTIONS</u>			
Doors/Gates and Their Signs	Missing, Damaged or Obstructed Signs, Not Locked	Weekly	Facility Operator

CPP-1619
HAZARDOUS/MIXED WASTE LOG

This data sheet is the current revision
date per the current Form Index:

Signature / Date

BAY

GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						
GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						
GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						
GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						
GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						
GENERATION AREA	()LIQUID ()SOLID ()BAG ()DRUM	()HAZARDOUS WASTE ()MIXED WASTE	AMOUNT RECEIVED	HAZARDOUS CONSTITUENT	RAD READINGS FROM TAG	PRINT NAME/DATE RECEIVED	COMMENTS
	TAG/DRUM #						

OPERATING AREA LOG SHEET

This data sheet is the current revision
date per the current Form Index:

Signature / Date

Date

Log Sheet Reviewed (Technician Initials)		
Supervision Review of Log		
Initials	Time	Narrative Log

Containers Received at INTEC-1617:**WASTE RECEIVED:**

Container Type ⁽¹⁾	Waste ID No.	Waste Type ⁽²⁾	Storage Location	Container Type ⁽¹⁾	Waste ID No.	Waste Type ⁽²⁾	Storage Location

(1) Indicate the type of container in which the waste was packaged, i.e. drum, bag, box.

(2) Indicate the waste type, i.e. compactable (COMP), combustible (COMB), hazardous (HW), mixed (MW), unknown (UWM), other (O).

Individuals Making Log Entries**Name (Printed)****Initials**

/	
/	
/	
/	

OPERATING AREA LOG SHEET

_____ Signature / Date

Date

Log Sheet Reviewed (Initials)		
Supervision Review of Log		
Initials	Time	Narrative Log

Containers Received at INTEC-1619:**WASTE RECEIVED:**

# of Containers	Container Type ⁽¹⁾	Waste ID #	Bay #

(1) Indicate container type, i.e. bag, drum, lab pack, box, etc...

Individuals Making Log Entries

Name (Printed)	Initials
/	
/	
/	
/	
/	
/	
/	
/	
/	
/	
/	
/	
/	

**SPILL CONTROL EQUIPMENT REQUIRED
FOR INTEC-1617 AND -1619**

This data sheet is the current revision date per the current Form Index:

Signature / Date

The quantities listed are minimum quantities required. Replacements should be ordered before levels reach the minimum required and when expiration date is reached.

Seal Number _____

Building _____ Inventory
Date/Time _____ Name _____

<u>Item</u>	<u>Quantity Required</u>	<u>Inventory</u>
Acid boots (neoprene)	3	
Disposable acid suits	3	
Acid gloves (neoprene)	2 dozen	
Face shields	3	
Plastic buckets	1	
Spill control pillows or absorbent socks	1 dozen	
HF spill control pillows	1 dozen	
Dolomite clay, or Spill-X products (with scoop for application)	200 pounds	
Hazardous waste bags	1 case	
Safety rope	1 spool	
Signs (i.e., CAUTION Acid or CAUTION Chemical Spill)	5	
pH indicator	1 box	
Solvent cleanup material	a 5 gallon container	
Shovel (flat head)	1	
Smear paper and envelopes	1 box	
Pencils, grease pencils	2 each	
Paper	1 pad	
Radiological tags/signs	5 each	
Radiation rope or ribbon	1 spool	

**RCRA INSPECTION CHECKLIST
FOR INTEC-1619**

Signature / Date

This is to be used as a guide for the inspection of INTEC-1619. Any problems or comments are to be marked on the back of this sheet along with the resolutions.

- YES NO Copy of each previous week's checklist posted at area.
- YES NO Aisles and passageways are clear of obstruction (container spacing per RCRA permits criteria).
- YES NO Emergency lights are operable (test switch depressed for a full 30 sec. with no change in intensity of light).
Office _____ Bay 1 _____ Bay 2 _____ Bay 2A
Bay 3 _____ Bay 4 _____ Bay 5
- YES NO Exits are clearly marked and lights tested (if required).
Office _____ Bay 1 _____ Bay 2 _____ Bay 2A
Bay 3 _____ Bay 4 _____ Bay 5
- YES NO Spill materials and cabinets are free from obstructions, easily accessible, stocked, inventory lists completed, and seals installed.
Cabinet 1 Seal No. _____ Cabinet 2 Seal No.
- YES NO HF burn gel boxes have seals intact. Office _____ Bay 1 _____ Bay 2 _____ Bay 3
- YES NO Fire systems checked and inspected.
Extinguisher _____ (available, access unobstructed, and monthly check complete)
Dry Sprinkling System _____ (free of leaks, supply valve FWV-UTI-1068 is locked open)
- YES NO Both sumps are empty.
- YES NO All secondary containment's, including spill pans, are free of liquid and in good condition.
- YES NO All containers inspected to ensure no visible signs of spills or leaks or deterioration.
- YES NO Telephones are in operation.
- YES NO All area doors locked when area not occupied.
- YES NO Waste containers are properly marked and labeled to identify contents and the date each period of accumulation begins (if required).
- YES NO Waste is properly segregated.
- YES NO Packages are properly sealed.
- YES NO All required postings are in place. (Check for missing, damaged, or obstructed signs.)
- YES NO Safety shower/eyewashes monthly inspection completed per facility operating procedures, free of leaks, free from obstruction, and easily accessible.
Bay 2/2A _____ Bay 3 _____ Loading Dock
- YES NO Posted signs are being complied with (such as, Danger-Unauthorized Personnel Keep Out, posted at each entrance).
- YES NO Inventory logs are properly filled out and up to date.

Inspection Performed By: _____ Time: _____ Date: _____

1. OBSERVATION/COMMENTS

CORRECTIVE ACTION TAKEN / NEEDED

FOLLOWUP ACTIONS / BY WHOM

2. OBSERVATION / COMMENT

CORRECTIVE ACTIONS TAKEN / NEEDED

FOLLOWUP ACTIONS / BY WHOM

COPY OF THIS INSPECTION MUST BE POSTED IN THE INTEC-1619 AREA.

ORIGINAL MUST BE SENT TO RECORDS COORDINATOR.

Signature _____

RCRA INSPECTION CHECKLIST FOR INTEC-1617

This data sheet is the current revision date per the current Form Index:

Signature / Date

This is to be used as a guide for the inspection of INTEC-1617. Any problems or comments are to be marked on the back of this sheet along with the resolutions.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Copy of each previous week's checklist is posted at area. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Aisles and passageways are clear of obstruction (container spacing per facility RCRA permit criteria). |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Exits are clearly marked and lights tested.
North Door _____ South Door |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Exits are clearly marked and lights tested.
North Door _____ South Door |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Spill materials and cabinets are free from obstruction, easily accessible, stocked, inventory list completed, and seal installed. SEAL No. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | HF burn gel box has seal intact. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Over packs/salvage drums are free from obstruction and easily accessible. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Fire extinguishers are checked and inspected. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Fire systems checked and inspected. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Extinguisher _____ (available, access unobstructed, and monthly check complete) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dry Sprinkling System _____(free of leaks, supply valve FWV-UTI-1530 is locked open) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Emergency lights are operable (test switch depressed for a full 30 sec. with no change in intensity of light).
North Wall _____ South Wall |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | All containers inspected to ensure no visible signs of spills or leaks or deterioration. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | All secondary containment, including spill pans, are free of liquid and in good condition. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Telephones are in operation. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Area is locked when unoccupied. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Packages are properly marked and labeled to identify contents and the date each period of accumulation begins (if required). |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Waste is properly segregated. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Packages are properly sealed. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | All required postings are in place. (Check for missing, damaged, or obstructed signs.) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Posted signs are being complied with (such as, Danger-Unauthorized Personnel Keep Out, posted at each entrance). |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Inventory logs are properly filled out and up to date. |

Inspection Performed By: _____ Time: _____ Date: _____

1. OBSERVATION / COMMENTS

CORRECTIVE ACTION TAKEN / NEEDED

FOLLOWUP ACTIONS / BY WHOM

2. OBSERVATION / COMMENT

CORRECTIVE ACTIONS TAKEN / NEEDED

FOLLOWUP ACTIONS / BY WHOM

COPY OF THIS INSPECTION MUST BE POSTED IN THE INTEC-1617 AREA.

ORIGINAL MUST BE SENT TO RECORDS COORDINATOR.

Signature _____